FOR STATE HEALTH DEPT.

00

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be "provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL L. TIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State E. of Heddth, at its designated agent, prior to burial, cremation, at removal, and income event within 72 hours after death. M

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03624

1.	PLACE OF DEATH a. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If instit		
1	b. CITY OR TOWN flowfide corporate limits, write Ri and give nearest town Hvattsville			f outside corporate limits, write	RURAL and give no	eorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (H n	of in hospital, give street address)	d. STREET ADDRESS	Hamilton Stree	t	e. IS RESIDENCE ON A FARM? YES NO V
3	NAME OF First DECEASED (Type or print) Marguerit	Middle Elizabeth All	Lost	4. DATE Mont		Yeor 19 58
	. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8		9. AGE (In years lost birthdey) 51 yrs.		IF UNDER 24 HRS. Hours Min.
11	Oo. USUAL OCCUPATION (Give kind of work door during most of working life, even if retired) Registered Nurse	Medicine	Vermont		12. CITIZEN OF	A.
L	3. FATHER'S NAME Frank Patrick Murph	y	Hellen	Farrel		
	5. WAS DECEASED EVER IN U. S. ARMED FORCE Yes, no, or unknown? [If yes, give war or dates of sen Yes W.W. 2	ical	o. Robt. All	an; same addre	41 -	2.
S STELLAND	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying (c) PART II, OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT N		INALDISEASE CONDITION GI		P, WAS AUTOPSY PERFORMED?
PARTICIPATION OF THE PARTICIPA		While Not while factor	nter nature of injury in Port CE OF INJURY (Home, form try, street, office bldg., etc.	1, 120f. (City or town)	(County)	(Stote)
3	21. I certify that I took charge of opinion death resulted from: Not actual signature EXAMINER'S John T. Malon	Maloney		Homicide , Undete	ermined manne	DATE SIGNED
2	20. BURIAL CREMATION, 1226. DATE THEREOF	958 Parington Y	CREMATORY	22d. LOCATION (City, town,		(Stote) Ucu,
	3. EUNERAL DIRECTOR'S SIGNATURE Francis Heselis Sen	ADDRESS 4739 Be	Mc. DATHAF	D BY REGISTRAR 245, REGI	STRAR'S SIGNATUR	E

MEDICAL EXAMINER: CHARGO OF DEATH

TATE BOT

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DECENTED

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, uld be filed with most most received by the hospital or altending physician. You be retained by the hospital or altending physician and campletely filled in by the offending physician and campletely filled in by page 3 shauld fieldched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar profile burial, cremation, or removal, and in any event within 72 baut, after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3649 CERTIFICATE OF DEATH

Reg. Dist. NO 3625

				-1/						
o. COUNTYPri	nce George	3	MARYLAND	2. USUAL RESIDENCE (V	Where deceased by land	lived. If institution b. COUNTY	Pri	nce before	Geo1	rges
RURAL and give Riverdal	(If autside corporate time nearest town) P Md.		TH OF STAY IN 16		outside corporo	te limits, write RI	URAL and	give near	est fown)
OR INSTITUTION		lson St		d. STREET ADDRESS	08 Nich	nolson S	it	e		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)		rst RGE \	Middle WESLEY	ASHBY	4. DATE OF DEATH	Marc		16 ^{Doy}	Y	58.
5. SEX male	6. COLOR OR RACE white	7. MARRIER N	DIVORCED	8. DATE OF SIRTH Feb 12, 189		AGE (In years lost birthday) 64 yrs.	Months	Doys	Hours	R 24 HRS. Min.
No.	ION (Give kind of work rking life, even if retired INC	done 10b. KIND OF	BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (Stor		ntry)		J S		COUNTRY
13. FATHER'S NAME	Frank Ashl	y		14. MOTHER'S MAIDEN Lewell	en Bens	son				
IS. WAS DECEASED EV [Yes. no. or unknown]	ER IN U. S. ARMED FOI (If yes, give wor or dates of INO	CES? 16. SOCIAL S		mpormant lary E. Marsh	all	Riverd		Mar	ylan	ıd.
PART 1. DE 5 1.0 Conditions, if gove rise to couse (o), stoling lying couse lost	the under	my cul	rhosi	ALLAS LAS LAS LAS LAS LAS LAS LAS LAS LA	MINAL DISEASE	CONDITION GIV	EN IN PAR	3	TAND MAS A	Z.
20a. ACCIDENT W	'AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)			RED. (Enter nature of injury in					PERFOR	RMED?
_	RY Month, Doy, Ye		while	PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City o	r lown)	(0	County)		(Stote)
actual SIGNATURE PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREO	onard Hay	ond that deal		M, from ADDRESS (Street	the causes of the cause of the causes of the cause of the causes of the cause of the causes of the causes of the causes of the causes of the	rylar	Mand.	e state	d abave
Burial 23. FUNERAL DIRECTOR	3/20/58	ADC	t Lincol	240. REC	Coli C'D BY REGISTRA MAR 1 9 '5	AR 24b REGIS				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02020

IC/	ATE OF DEATH				Reg. C	ist. No	100	40
ND	2. USUAL RESIDENCE (Who of STATE Maryla			COUNTY	on: Reside			
1b	E. CITY OR TOWN (If or		rote limi					
	29 Greenbel							
_	d. STREET ADDRESS						e. IS RES	IDENCE
	/		sade.	Dona			ON A	FARM?
	1 OO D C	resee	Щь	Road			AF2	NO []
	Backstrom	4. DATE OF DEATH		Mar		2		Year 19 58
	B. DATE OF BIRTH		9. AGE	(In years pirthdoy)		RIYEAT	IF UND	ER 24 HRS.
	25 March 58		lost I	yrs.	Months	Poys	Hours	Min.
NDU:	STRY 11. BIRTHPLACE (State of	r foreign c	ountry)	-	12. 0	ITIZEN (DE WHAT	COUNTRY
	Maryl and		, ,					
	14. MOTHER'S MAIDEN N	AME					-	
			10 mm 7					
17 0	Geraldine	m re	rry	Add				
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i (Empleusens						ERVAL BE	
D.	chen						******	4.
BUT	NOT RELATED TO THE TERMIN	IAL DISEAS	E COND	ITION GIV	EN IN PA	RT 1(0)	19. WAS PERFO YES [
URREI	D. (Enter nature of injury in Po	ort I or Part	I II of ite	m 18.)				
e. PU	ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City	or lown)		(County)		(State)
5 eath	1950, to se occurred at 3,10	AM from						deceased ed above
		DORESS (SI	reet, city	nor rown.	stote)	ine do	1- 2.	ATE SIGNED
N S	ON.		7					
RY P	R CREMATORY	224-LOCAT	ION (C	ly, town, o	or county)	1	/(Stat	e)
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7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
2	3651 CERTIFICATE OF DEATH Reg. Dist. No. (1362)	7
	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY	
	Prince Georges Maryland Prince Georges	
M	RURAL and give nearest fown]	
FEE .	Cheverly 1 hr. 5 min. 4/ Laurel d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE	
77	Prince Georges General 517 Prince Georges Street (Stop No. 5))
	3. NAME OF DECEASED (Type or print) Elizabeth Mae Middle Dell 1958	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min	_
	Female White Widowed Divorced 6-6-23 34 yr.	
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Will be even if retired) When Home 12. CITIZEN OF WHAT COUNTRY 11, BIRTHPLACE (State or foreign country) Waryland 12. CITIZEN OF WHAT COUNTRY 12, BIRTHPLACE (State or foreign country) When Home 13. CITIZEN OF WHAT COUNTRY 13, BIRTHPLACE (State or foreign country) When Home 14. BIRTHPLACE (State or foreign country) When Home 15. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 16. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 17. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 18. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 19. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 19. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 19. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 19. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 19. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 19. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country) When Home 19. CITIZEN OF WHAT COUNTRY 15, BIRTHPLACE (State or foreign country)	TRY
I	3. FATHER'S NAME Samuel Howes 14. MOTHER'S MAIDEN NAME Grace V. Howes	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAPITON W. Bell Address 517 Prince (1/4) No. unknown) 111 yea, give wor or date of service) 578-20-9840 Cariton W. Bell Laurel Md. [18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	•
	PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA BILATERAL ONSET AND DEATH	9
1	491X DUE TO	
4	Canditions, if any, which (b)	
	cause (a), stating the under- lying cause last. DUE TO	
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS	SY.
0	TOXIC hepatitis	3
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 20d. INJURY OCCURRED While Not while at wark	te)
	21. I certify that I attended the deceased from 3/1/, 1958, to 3/1/, 1958, that I last saw the deceased alive an 3/1/, 1958, and that death accurred at 8 P. M. from the causes and on the date stated above.	ıse
	APPAPER (Count of the second o	
	SIGNATURE MANUEL DENNY DENNY 35 63 TENNY 31 3)11/3	7
1	PHYSICIAN'S NORMAN DONAT BMEAU MT RAINIER ML	
	270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State)	
	Burial 3/14/58 Fort Lincoln Cemetery Washington, D. C.	
38	227 JUNERAL DIRECTOR'S SIGNATURE Laytons ville, Md. DATE 240. REGISTRAR'S SIGNATURE DATE	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3652 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss an a. COUNTY Prince George's b. COUNTY Prince George's Maryland MARYLAND b CITY OR TOWN III outside corporate I mile, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cheverly D. O. A. Rogers Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Prince George's General Hospital 5703 Hamilton Street ned e 8 YES NO 3. NAME OF reloir Month DECEASED Richard Lee Bond 19 58 (Type or print) DEATH 5 SEY 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED TO B DATE OF B.RTH 9. AGE I'm weres IF UNDER TYPAR IF UNDER 24 HRS may Months Hours Male White WIDOWED [DIVORCED [10 CV Poges 1, 2, or m PM3. Poge 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (Stole or fore:an country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Salesman U.S.A. Virginia Furniture 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Bond Minneota White Edra 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 5603 56th Ave. (if yes, due wor or dates of service) (Yes, no. as unknown) with 578-22-8029 Walter R. Money East Riverdale, Md. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Office olong PART I. DEATH WAS CAUSED BY-Cardiovascular renal disease IMMEDIATE CAUSE (a) burial-tronsit エルコ X DUE TO Conditions, if any, which gove rise to immediate cause **DUF TO** (a), stating the underlying D course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART HOLD WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURPED (Enter nature of injury in Port I or Part II of item 18) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form. + 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, affice bldg., etc.) Not while A 101 ol work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry VI.

FUNERA FUNERA 0

ACTUAL SIGNATURE **EXAMINER'S** NAME (Type) John T. Maloney, M.D.

opinion death resulted from: Natural couses 🔃 Accident 🛴 Suicide 🗍, Hamicide 🗍, Undetermined manner

March 7. 1958 22d. LOCATION (City, town, or county)

Arlington, Virginia

DATE SIGNED

(Slote)

23 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

220. BURIAL, CREMATION, 226 DATE THEREOF

Co.2901 Lith St. N. W. 24g REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

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-	1			MARY	LAND	STATE DEPA	RTM	ENT OF HEALTH	-BALTIA	AORE, 1	8 -	0.0	
± /	ア			36	53	CERTI	FICA	TE OF DEATH	1		Reg. Dist. N	() 40	530
filed wit		1.	LACE OF DEATH			21.483	(LAND	2 USUAL RESIDENCE (WH	ere deceased live	d. If institution			on}
		L	Prince Ge	orges				Maryland		Prin		res	
	-		 CITY OR TOWN (I RURAL and give no 	f outside corporate limi caresi town!	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF o		limits, write Rt	IRAL and give	nearest town)
P	89	1	Cheverly			17 Day	vs I	x Beltsvill	e,				
	927		d. NAME OF HOSPIT	AL (If not in haspital, g	jive street o	oddress)		d. STREET ADDRESS		****	· · · · · · · · · · · · · · · · · · ·	e 15 RES	IDENCE
-	_/	1		eorges Gen				/ Box 1/1/2				YES [FARM?
	1	3.	NAME OF	Fire Part Control		Middle		Lest	4. DATE	Mont	h		fear
			DECEASED (Type or print)	Doll			200		OF DEATH	Marc			9 58
		5.	SEX	6. COLOR OR RACE		ED TINEVED MADDE	50 FD	Vers B DATE OF BIRTH			IF UNDER 1 YE		19
			Male		WIDOWE				i i	GE (In years ost birthday)	Months Day		Min.
	2 m/m	100		White		1000		6-30-33 TRY 11. BIRTHPLACE (Slote		STI ALL	110 00000		
	***	1.00	during most of worl	ing life, even if retired)	CIND OF BUSINESS C	NE HAPITO			7)		OF WHAT	COUNTRY
	5 /	100	C. T. C.					. Virgin			USA		
,		13.	FATHER'S NAME					14. MOTHER'S MAIDEN N					
		L	Henry D					Flossie	I. Tus	ing			
		15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO	1	IFORMANT		Addre	258		
			Corean				Elos	spital Keco	rds				
			IB. CAUSE OF DEA	TH [Enter only one co	use per lini	e for (o), (b), and (c).]	*			[1]	STERVAL BE	TWEEN
			PART I. DEA	TH WAS CAUSED BY:	. C	proun	020	cetrons			0	NSET AND	DEATH /
			1:4	DUE TO						`		7	
			Conditions, if or			n cingon	~7.0	8 Musta	2 time	-11.	16	Zun	
			gove rise to it	nmediate		a Cary o	- C 00	1/2-2-2		-		1000	
			cause (a), stating lying couse lost,	he under-				0					
		z		J (c	DITIONS CO	SAITDIBLITING TO DE	ATM DUT	NOT RELATED TO THE TERM!	ALL DIRELES CO	1 (P) (P) (P)		10 1111	LITARCU
		Ę.	PARI II. OIL	EK MONIFICANT CON	DITIONS CO	DINTRIBUTING TO DE	AIN BUI	NOI KELATED TO THE TERMI	NAC DISEASE CO	NUMBON GIVE	N IN PAKI I(O	PERFO	RMED?
		E S	20- 4-0000000000000000000000000000000000	P III (DCBI VAL IC CT	201 0546	OWE HOLD BUILDING	00.1000	40.				YES [NO 🗵
		CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	KIBE HOW INJURY O	CCURRED	. (Enter nature of injury in P	art I or Part II o	ritem 16.]			
		8		Month, Day, Yes	or 20d IN	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, form,	20f (City or I	nwa)	[Count	w)	(State)
		WEDI	Hour a.m.	10	While	Not while	fact	ary, street, affice bldg., etc.)	,	(40011	77	(5,0,0)
		2	p. m.	^		. at work	<u> </u>						
			21. I certify th	at l attended the	decease	d from							
			alive on		419_	, and that	death	occurred at 6:35	${ m P}_{ m M}$, fram th	e causes a	nd on the o	late state	d abave.
				t 11.	-22	13.			ADDRESS (Street,	city or town, s	tefe)		TE SIGNED
	1		ACTUAL SIGNATURE	Trull -	170	so Wee	Cy A	ND	3101	are	mdel	4	
	i		PHYSICIAN'S NAME (Type)	RVIN F	n. c	GRASS	SER	EEN MID	i i	+ . K	ain	er	lei
		220	BURIAL CEMATIO	N, 226 DATE THUREO	F	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCATION	(City, town, o	county)	(Stote	:)
]	Łu.	REMOVAL (Specify)	4/4/58					Frank	lin, W.	Virgi	nia	
		23.,	FUNERAL DIRECTOR	SIGNATURE	-0	ADDRESS	6 -	Butt 1 240. REC'S	BY REGISTRAR		RAR'S SIGNA		
		1	Part C	Teen Horn	.51	7551 Y	Min G	DATER	3 '58	1 elect	educh		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L.

OBVIBOS 1958

DEALERS

ENERU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3655 CERTIFICATE OF DEATH Reg. Dist. No.
	Prince Georges 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Maryland Prince Georges
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
7	Cheverly 2 days 7 Shr3xxxxxxxxxx Chapel Caks d NAME OF HOSPITAL (If not in hospitot, give street oddress)
3	
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Days Hours Min
10	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stole or foreign country) Maryland
13	3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
	George Henry Brown Mary Veronica Hall
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service)
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), storing the under-
CEDTICITATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION OF THE PROPERTY WAS LINDS FOR ACCOUNT WAS LIND
MEDICAL	
	21. I certify that I attended the deceased from 3/23, 19.5%, to 3/25, 19.5%, that I last saw the deceded alive on 3/25', 19.5%, and that death occurred at 6.15 AVM, from the causes and an the date stated about ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE Shorts A. Characteristics M.D. PHYSICIAN'S
2	PHYSICIAN'S Thomas A. Christensen, M. D. College Park, Md. 20. BUR AL/CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stole)
ϕ_1	remarkion 1/15/58 Prince George's General Hospital Cheverly, Md.
2: 1:	3. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE APR 1 8 '58 OUT COURT
650	2077322 XVO

BUREAU V. S.

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FOR STAT HEALTH DEPT.

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and 1. 2. 4. A. Page 5. 1 and 7 === along nding" in pencil in the Examiner's Office alo ed as a burial-transit esed Chief Medical E 3 should be used vriting to the (

execute the 4 should be 5 FUNERAL 40 **VS. A15ME** SM 2757

orded CTOR:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 REMEDICAL EXAMINER'S CERTIFICATE OF DEATH

Ren. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 6. COUNTY b. COUNTY Prince Georges MARYLAND c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If ou side corporate limits, write PURAL c JENGTH OF STAY IN 16 D.O.A. Cheverly Bladensburg d STREET ADDRESS e 15 PES DE ICE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2800 Kenilworth Avenue Prince Georges General Hospital YES NO T 3. NAME OF Middle Month Year DECEASED 28 DEATH 58 (Type or print) Brown March Raymond 19 IE LINDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE the years IF UNDER LYEAR 5. SEX lost birthday) Months Hours Days Male Col. WIDOWED T DIVORCED T угз. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Night watchman U.S.A. Southern Oxygen Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Raymond Brown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [III yes, give wor or dates of service] James Edward Brown: same address. INTERVAL BETWEE & 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) Acute congestive heart failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Cardiovascular renal disease Conditions, if ony, which gave rise to immediate cause DUE TO (o), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO -200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg , etc.) Not while Hour o.m. of work of work D m. 21. I certify that I took charge of the remains described above, held an Autopsy (Inspection T. Inquiry T. Suicide . Homicide . Undetermined monner opinion death resulted from: Natural causes XI, Accident II, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 1958 ASSISTANT MEDICAL EXAMINER March John T. Maleney. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, lown, or county) 220. BURIAL CREMATION, 226. (Stote)_ BREMOVAL (Specify) 23 FUNERAL-DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR #76. REGISTRAR'S SIGNATURE

EUREAU V. S.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

TRAIDEG

BULEAU V. S.

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	1

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L	3712 CERTIFIC	CATE OF DEATH	Reg. Dist.	No. 03635
1.	PLACE OF DEATH COUNTY / / / / / / / / / / / / / / / / / / /	1110	b. COUNTY Fr.	500
K	b. CITY OR TOWN (If outside corporate limits, write) c LENGTH OF STAY IN 16 RURAL and give nearest town) (4) 2 3 4 7	- Lanhan	de limits, write RURAL and giv	? como C
	d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION	8912 Ferrice	v cire	on a farm? YES NO 4
	NAME OF DECEASED (Type or print) /+e/17 2/ Dabney	Camp 4. DATE OF DEATH	Netro12	Day Year 19 5 8
_	SEX 6. COLOR OR RACE / MARRIED DIVORCED DIVORCED DIVORCED	March 8, 1901	lost birthday) Months D	YEAR IF UNDER 24 HRS Pays Hours Min.
16	USUAL OCCUPATION (Give kind of work done of the line of susiness or indicated) D.C. GOUT	- 10.	ntry) 12. CITIZ	EN OF WHAT COUNTRY
13	FATHER'S HAYE	Jannie Jannie	Cur	nß
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 10. or uningown) (If yes, give war or dates of service) 214-12-77-77	Mormant F. Can	7 Lifz	1 h Jun, 17
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Vancala 17	circlent	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) -12:/6-05			3c kgm
	gove rise to immediate couse (a), stoling the under-lying couse lost.			
CERTIFICATION	FOSS Care way 2 C	Prusiated to the terminal disease	CONDITION GIVEN IN PART I	(a) 19 WAS AUTOPSY PERFORMED? YES NO Z
	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I ar Port	I of item 18)	
MEDICAL		PLACE OF INJURY (Home, farm, 201. (City of factory, street, office bldg., etc.)	r fown) (Co	unly) (State)
	21 certify that attended the deceased from 122 of that decided	1952, to 774-7 th occurred at 315 P.M. from	the causes and an the	
	ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE		pet, city or town, state)	DATE SIGNED
	PHYSICIAN'S HELT MY A. VIIISE	Jr. Lanha	in het	
22	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY 3 SUSCIAL MAN 19 1958	OR CREMATORY 728 LOCATION Specific	ON (City, town, or county)	(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE PRASLICIO FUNERAL ADDRESS 3	89 P 240. REC'D BY REGISTR	AR Ab. REGISTRAR'S SIGN	MATURE

389 R 240. REC'D BY REGISTRAR au 718 DATE MAR 20'5

VS A15 (4) 15M 9/55



BUREAU M. E.

14		MARTIAND STATE DEPARTMENT OF REALTM-BALTIMORE, 18
17		Items 8 & 9, Film G-17 4/3 CERTIFICATE OF DEATH Reg. Dist. No.
or char.	1 1	PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived 15 institution, Residence before admission)
direct filed w		DRINCE GEORGE'S MARYLAND STATE MARKY LAND COUNTY DR. GEOS
of h:	7	CITY OR TOWN (If outside corporate limits, write 1 c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits write PURAL and give negretations)
fune (fune	`	EXAM HILL MARVLAND
and on one		A. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. 15 RESIDENCE ON A FARM?
d by E		5620 - BOCK ROAD A E 5626 - BOCK ROAD ST YES NOW
74 ho l an		NAME OF LOST A. DATE Month Day Year P. CECEASED F. First B. Middle Lost 4. DATE Month Day Year
fill fill	S. S	Type or print) LFF, ED. CAMPBELL DEATH MARCH 17 1950
Po Po	3. 2	lost birthday) Months Days Hours Min.
hed nple	100	PRINTE WHO I DIVORCED DI VIDIORI DI VIDIOR
execut of can death	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY?
		HOUSENIFE POMESTIC West Va 25 C
carbo	13.	FATHER'S NAME
physici move	_	GRANVILLE S. Bulcher MODORE NICELU
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ling se o		Raymond H.J. Campbell # 2.
decil plea vithi		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
of the of		PART I DEATH WAS CAUSED BY: CEREBRAL VASCULAR ACCIDENT ONSET AND DEATH
the see the see		4/6X DUE TO
S DE S		conditions, if any, which to immediate to immediate to immediate
gne in in		cause (a), storing the under DUE TO
ian. in si nsit and	ا پا	lying couse lost. (c) CONGESTIVE METARI TAILUIC
low hee	É	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
The phase has not in a phase in a	Ϋ́	YES NO
AN: anding sinding sinding sind in the but	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
Sign at 1	₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
PHY al ar this of this of this of	MEDICAL	Hour a. p. While Not while of work of
NG spin		21. I certify that I attended the deceased from 1953, to Welle 1952, that I last saw the deceased
NDI Che Che		alive an MIHRCH 14 19 SP, and that death accurred at LLP M, from the causes and an the date stated above.
TTE	П	ADDRESS (Street, city or topm, stole) DATE SIGNED
V DU D	П	SIGNATURE TREBER LUES of X MD 101-QUILLEY LE EMUCE 17, 1918
retoined At Biggi thould tror pm		PHYSICIAN'S 1/202:70 1/4 7 744
PITAL • retoii ERAL 3 should gistror		NAME (Type) ACT DETET WYDETS TY MILL
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
H O O O O		Bural Much 20-58 - mobile wash-jun DE
in in	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	4	some Bys 1001-gd foperer o Chare
		Troubetto 20 BC

TRINGE THE POLICE STAND SEPTRALL WARPLEND SEPTRALLE WHITE SEPTRALLE SEPTRALS 6:

LERNYILLE S ST. No MOdore MILEN.

BUREAU V. S.

CION OF SAM

26 00 - 1 9 12 1661-1 17- 160 0 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a funeral director, page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a build be filed with the registrar prize to burial, cremation, or remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3657

CERTIFICATE OF DEATH

03637

Reg. Dist. No.

1. PLACE OF DEATH a COUNTY Pr. George County MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission of the county	n)
b. CITY OR TOWN (If outside carporate limit), write RURAL on Bive nearest town) RURAL and give nearest town) 13 days. Hyalsville	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A F	
2 MARCON	
DECEASED	58
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER	
Fe male White WIDOWED & DIVORCED 3-19-1899 last birthday) Months Days Haurs	Min,
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Country of working life, even if retired)	OUNTRY?
D. FATHER'S NAME	
John Wesley Beagle Mary E. Knkland	
15. WAS DECEASED EVER IN U. S. ARMED FORCE 16. SOCIAL SECURITY NO. 17. INFORMANY (You, no. or uplanoun) Iff you, give wor or drive of isstruce)	11/2/
NO 804 E (A50N 6511 KNO 1/BR	200/ E
IB. CAUSE OF DEATH [Enter only one couse per Jing for (o), (b), and (c).]	WEEN
PART 1. DEATH WAS CAUSED BY: CONCORDED AND CONSET AND C	EATH
181.0 DUE TO 11411 meter trans	
Conditions, if ony, which) (b)	no.
gave rise to immediate	,
tying cause last.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) (9). WAS ALL	TOPSY
PERFORI	
	A
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while of work	(Stote)
Haur o. m. While Nat while factory, street, office bldg., etc.)	
201 05 0 -11 - 111 -2	
10143 15	
alive an 1900, and that death accurred at 3 9 M, from the causes and an the date stated	abave.
ACTUAL AS LIVERY THE TAXABLE TO THE PARTY OF	11 1-5
SIGNATURE M.D. M.D.	2.20
PHYSICIAN'S L.W. Malin M.D	
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)	
Burial 3/18/58 Columbia Gardens Arlington, Virginia	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TATO S. D. C. 240. REC'D BY REGISTRAR'S SIGNATURE	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash D. C. The S. H. Hines Co2901 14th St. N. W. DATE MAR 1 8 '50 C	



E .V UASAUS

HEALTH DEPT in necessary, please al director. Page of your files TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is n execute the certificate, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office olong with farm PM3. Page 5 may be retained 10 FUNERAL 1 CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stare is at its designed 4 agent, prior to burial, cremation, at removal, and in any event-within 72 hours ofter death.

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VS ATSME SM 2,57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 RESOMEDICAL EXAMINER'S CERTIFICATE OF DEATH

03638

		Reg. Dist. No.
•	1 P	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Fesidence-before admission)
	q	COUNTY PLACE GEORGES MARYLAND STATE IN X 1 6 COUNTY PLACE & COUNTY PLACE & COUNTY
8	- b.	CITY OR TOWN (If ours de corporate limits, write RLRA, and give neares town)
gr.m	1	Condina control x 1 312 and from an interest x 1 312 and from a interest x 1 312 and fr
	لمهار	NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Le. 15 RESIDENCE
	1	Visit State of The
	3 1	NAME OF JOANS Middle Last A DATE Month Day Year
		Type or print) Jane 11 11 11 20 11 Chiller DEATH March 5 1958
	5. 5	The state of the s
	-	() losi byriday) Months Days Hours Min.
	,	USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
		luring most of working life, when it retired)
No.	13	FATHER'S NAME
Л	10.	January Coliffic II
	14	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT
	JYes,	(Type winown) (If yes, give war or dates of territo)
	-	District, water years
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (0)
	Н	4-0 U. DUETO
		gove rise to immediate cause (b) (aller de la
		(a), stating the underlying DUETO
	,	COURS TO THE CONTROL OF CONTROL O
> '	ģ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
	2	YES NO
	CERTI	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Part 1 or Part 11 at item 18.) CAUSE OF DEATH.
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 120f. [City or town) [County] (Stole)
	MEDICAI	Hour a. m. While Not while tactory, street, office bldg., etc.)
	2	p, m. 19 of work of ot wark
		21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7] Inquiry [7] and in my
		opinion death resulted from: Natural couses [1], Accident [], Suicide [], Hamicide []. Undetermined manner []
		ACTUAL DATE SIGNED
		SIGNATURE ASSISTANT MEDICAL EXAMINER T
		EXAMINER'S / 61 Kd - C / S
	270	
	F	Burial Cremation 1276 Date thereof (Stude) Arlington National Ft. Myor, Virginia
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	F	Ritchie Bros. Upper Marlboro, Md. DAIEMAR 1 2 58
	-	DATE OF THE PARTY

BUREAU V. R.



			3659 CERTIFICATE OF DEATH Rog. Dist. No. (13639)
eral director, be filed with	M) [PLACE OF DEATH o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges b. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 5. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN 1b. 6. CITY OR TOWN (If outside corporate limits, write 1), ENGTH OF STAY IN
r deo funer uld b			Cheverly DOA Cheverly
by the	1-23	P	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTRUCTION TINCE Georges General flosp. * d. STREET ADDRESS ON A FARM? YES [] NO []
n 24 ho filled in yes 1 an		3	NAME OF DECEASED (Type or print) RUSSELL: Middle Lost OF Death March 31st, 19 58
d withi			SEX Male 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 65 yrs. 15 UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
e executed vand completed on papers.	I		o. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? river—Retired Railway Express Monrovia, Md. USA
ofe b			Father's Maiden Name Harry Clay Unknown
ng physi			WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No None Unknown Helen P. Clay350756th St. Cheverly. M
requires that the decision. Is signed by the attentions permit. Then please and in one was with			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (o), stoling the under- lying couse lost. (c) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH DUE TO (c)
The law g physici has beer urial-tran		FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 39 WAS AUTOPSY PERFORMED? YES NO
HAN: ficate the b	5	L CERTIFI	20a. ACCIDENT WAS UNDERLYING
PHYSIC al ar at this cert r use as		MEDICAL	20c. TIME OF INJURY Month, Day, Year Not Injury OCCURRED While Not white of work of wo
retained by the haspit RAL DIRECTOR: After t Shault, detached for strong of the buriel for			21. I certify that I attended the deceased from 3 13, 1956, ta 3 3/1, 1956, that I last saw the deceased alive on 3/29, 1956, and that death accurred at 12006 Ma, from the causes and on the date stated above. ACTUAL SIGNATURE ANDRESS (Street, city or town, stole) PHYSICIAN'S DAVIS Legislan'S DAVIS Legislan'S ANDRESS (Street, city or town, stole) PHYSICIAN'S DAVIS Legislan'S DAVIS Legislan'S ANDRESS (Street, city or town, stole)
HOSP lay be FUNE age 3	50		Burial, Cremation, 22b. Date Thereof Cedar Hill Cemetery Suitland Rd. Pr. Geo. Co. Md.
V5 A15 (4) 15M 9/55		23	FUNERAL DIRECTOR'S SIGNATURE N.W. Chambers Company, Riverdale, Md. 240. REC'D BY REGISTRAR 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

FEE & IBER

DEADE

HEALTH DEPT.

PLACE OF DEATH

o. COUNTY

3. NAME OF DECEASED

Male

Laborer 13. FATHER'S NAME

couse last.

NAME (Type)

220 BURIAL CREMATION 226 DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

(Type or print)

Files. Health, 5 10 30 a Page Office

VS A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03640 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Pr. Geo. Prince Georges MARYLAND b. CITY OR TOWN (* autside corporate fimits, write EUFAL c LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O.A. Glen Arden Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS ON A FARM? Prince Georges General Hospital Fulton and Reed Streets YES NO TE DEATH William Columbus Clayborn, Sr March. 1958 MARRIED T NEVER MARRIED B DATE OF SIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HR" last birthday) Months Doys Hours WIDOWED | DIVORCED July 8. 100. SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Wash. Sub. Sanitary S. Carolina 14. MOTHER'S MAIDEN NAME Sally Boyd Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (H yes, give war er dates of service) Brownlas Clayborn; same address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERNAL BETWEEN ONSEL AND DEAL I PART I, DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (6) DUE TO Shotgun wound of abdomen and chest Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port (1 of item 18) Shot by wife with 16 gauge shotgun 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Glen Arden

200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.

19 58 of work of work I

John T. Maloney, M.D.

21. I certify that I took charge of the remains described above, held on Autopsy (A). Inspection (A), Inquiry (F). and in my Suicide . Homicide . Undetermined monner opinion death resulted from: Notural causes . Accident .

ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

ADDRESS

March 16, 1958 DEPUTY MEDICAL EXAMINER [3] 22d LOCATION (City, town, or county)

22c NAME OF CEMETERY OR CREMATORY

746 REGISTRAR'S SIGNATURE

DATE SIGNED

(State)

240 REC'D BY REGISTRAR MAR 2 4 '58

8361 PX 81"

BUREAU V. 2.

r

VS A15 (4) 15M 10/57 03641

3661 CERTIFICATE OF DEATH

Reg. Dist. No.

_													
٦.	PLACE OF DEATH o. COUNTY					2. USUAL RESI	IDENCE (Wh	ero deceased	lived If institut		ice before	e admissi	ion)
L		ince George		MARYL			M	d	D. COO!!!!]	PG		
	b. CITY OR TOWN (II RURAL and give no	foutside corporate limi arest town)	its, write	c. LENGTH OF STAY I		c CITY OR	TOWN (If o	utside carpore	ite limits, write l	RURAL and	give near	est town	1
	Cheverly,	Md		lo Day	S	> Se	eat Pl	easant	. Md				
	d. NAME OF HOSPITA	AL (If not in hospital, p	jive street	oddress)		/ d STREET					e	IS RESI	DENCE FARM?
L	Prince Ger	orge Genera	1 Ho	spital		f	511-6h	th Ave					NOCES
3	NAME OF DECEASED	fic	rst	Middle		Lo		4. DATE	Mo	nih	Day	Y	fear
	(Type or print)	1	Vorma			H. Cont	nelly	OF DEATH	М	arch	9	1	9 58
5.	SEX	6. COLOR OR RACE	7 MARE	IED NEVER MARRIE		B DATE OF BIRT		9	AGE (In years	IF UNDER	1 YEAR		
	Female	white	WIDOWI			Nov 9,	1871		last birthday)	Months	Doys	Haurs	Min
10	 USUAL OCCUPATIO 	N (Give kind of work	dane 10b	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHP	LACE (State	or foreign cou		12 CI1	IZEN OF	WHAT	COUNTRY?
	Hou	ing life, even if retired S ewife	1 8	self			New	York		U	SA		
13	FATHER'S NAME					14 MOTHER'S	S MAIDEN N	IAME		1			
	J.	ames Monal	nan			Mary	Owens	5					
	WAS DECEASED EVER			SOCIAL SECURITY NO	17. II	IFORMANT			Ado	Iress			
ĮY.	es, no, or unknown) {	If yes, give wor or dates of s		one	He	len Der	nosey	Sea	t Pleas		Md.		
	IR CAUSE OF DEA	TM [Salar paly page 67		ne for (a), (b), and (c)]	1		-				Liveen	MALL DE	T. A. F. C. L.
		TH WAS CAUSED BY	iose ber in	Palland (4)	- 1 1	1200	olei	ua				T AND	DEATH
	7 1	IMMEDIATE CAUSE (c		1 700 0			7	h.			6	ela	40
		DUE TO	(2)	Ktoriord	10 XI	Til H	eart	20-	lease	2	10	10-67	face
	Canditians, if an	nmediate	All to	45	- 4	-	,				17	Ca.	119
П	couse (a), stating t		0	astro - 2	ute	stuno	of the	Ree	stemp		16	ol	
1	lying couse last) (c	-						/_				1/
Ę.	PART II OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 19.	PERFO	NUTO#SY RMED?
FICA												YES 🖺	NO 🗌
L CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OC	CURRED	Enler noture o	ot injury in P	ort I or Port i	l of item 18.)				
MFDICAL	20c. TIME OF INJURY	r Manth, Day, Ye			20e PLA	CE OF INJURY ((Home, farm,	20f (City o	er tawn)	(County)		(State)
MED	Haur a.m.	19	While at war	Not white	I ON.	iory, sireer, direc	e brog., etc.	1					
	21 L certify the	at I attended the	deceas	ed from 3 /	4	10.18	to	3/9	10/3	that I	land non	a Alban	deceased
	alive an	3/9	104	8 , and that	daath	accurred at	10:15	PM f					
	dire dil	1 1	, 12 	, und mai	u c um	accorred at			el, city or lown,		ne aare		d abave. TE SIGNED
	ACTUAL W	lax Vh -	He	26-ccp						31010)			1101420
	SIGNATURE	· · · · · · · · · · · · · · · · · · ·		0	^	A.D		*					
L	PHYSICIAN'S NAME (Type)			DR. HERZ	BER	4	±						
22	BURIAL CREMATION	1, 22b. DATE THEREC		22c. NAME OF CEME				22d LOCATIO	ON (City, town,			(State	1
re	REMOVAL (Specify)	on 3/14/5	8	Watki	ns (ilen			New	Tork			
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTRA		STRANS SIG	GNATURE	7	
		F. Gasch	S Soi	s Hvatts	vill	le Md.	DATE	MAR 1 1	58	I.f.e	cuch		
4													



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.					
n Residence before admission)					
rince George					
RAL and give nearest town)					
e IS RESIDENCE ON A FARM?					
YES NO					
h Day Yeor					
13 1958					
IF UNDER 1 YEAR IF UNDER 24 HRS					
Months Days Hours Min					
12 CITIZEN OF WHAT COUNTRY?					
U.S.					
ėss					
St. Cedar Hts.					
INTERVAL BETWEEN ONSET AND DEATH					
1 Nok					
EN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?					
YES NO					
[County] (State)					
,that I last saw the deceased					
nd on the date stated above.					
stote) DATE SIGNED	ř,				
y Stadensy 3/13/	j				
1241					



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICA	ATE OF DEATH	Reg. Dist. N	. 0364
	2. USUAL RESIDENCE (Where deceased lived.		

	PLACE OF DEATH		2. USUAL RESIDENÇE (W	here deceased lived. If institu	ition: Residence before adm	ission)
	Prince George's	MARYLAND	o. STATE Piar	yland b. COUNT		
	b CITY OR TOWN (If outside carporate fimits, write RURAL and give nearest town)	LENGTH OF STAY IN 15		outside corporate limits, write	RURAL and give nearest to	wn]
	Prince Georges Cheverly	D. O. A.	× cree	nbelt, Md.		
Г	d. NAME OF HOSP TAL (If not in hospital, give street add OR INSTITUTION	dress)	d. STREET ADDRESS		e. IS R	ESIDENCE A FARM?
-	Prince George's General	Hospital	8 Z 2 Ridg	e_Road		NO K
3.	NAME OF DECEASED (Type or print) Donald	Julius Danie	elson	06	rch 7, Doy	Year 19 58-
5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In year last birthday) 45 vi	IF UNDER TYEAR IF UN	DER 24 HRS
1	male white WIDOWED		March 18,		Months Days Haur	i Min.
160	USUAL OCCUPATION (Give kind of work dane 10b. KInduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRI Government	New Yo		12. CITIZEN OF WHA	COUNTRY
13	FATHER'S NAME		14 MOTHER'S MAIDEN I	NAME		
	Frederick Daniel	.son	Unknown			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SO	ICIAL SECURITY NO 17. INF	ORMANT	Ad	dress	
	no		Margaret E	Danielson G	reenbelt, Mo	ł.
	18. CAUSE OF DEATH [Enter only one cause per line f	far (a), (b), and (c)]	,	1 / /	INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	, 1272	116846	it sile	ONSET AN	D DEATH
	DUE TO	(!)	7			
	Canditions, if ony, which)	Acalo.	6. 1701	Citie:		
	gave rise to immediate DUE TO	3				
	cause (a), stating the <u>under-</u> lying cause last.					
z	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART I(a) 19. WA	AUTOPSY
ATIC		1 1 1 7/1	e. , te.	in les	PERF YES I	ORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING (20b. DESCRII OR CONTRIBUTING (CAUSE OF DEATH	BE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of (lem 18.)	120	1 40 M
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL			E OF INJURY (Home, farm ry, street, affice bldg , etc	20f (City or tawn)	(County)	(State)
MED.	Haur a. m. While at work at work		ky, sinker, dirice bidg , elc	1		
	21. I certify that lightended the deceased	from 14/2 G	1055 to	=3/1/ 105	Sthat I last saw the	- decease
	alive on 3/3 1953	and that death o	coursed at \$1 55	i.M. fram the causes		
	The state of the s	, and mai deam o	occorred at 1	ADDRESS (Street, city or laws	and on the date sta	TEG GDOVE
	ACTUAL X L'A ; H HAI	1.10	1/2 10	Total ()	172 3/2	/ A L
	SIGNATURE 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CLIFE M.	D	CL LATE I DIL	-11	1-7-0
	PHYSICIAN'S NAME (Type)		war	2-6, 12 1, 0	2	
220	BURIAL, CREMAT ON, 226. DATE THEREOF 2	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	ar county) (St	ate)
	Burial 3/10/48	Cedar Hill	Cemetery	Suitland, M	d.	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o REC'	D BY REGISTRAR 246. REG	STRAR'S SIGNATURE	
	F Gasch's Sons Hyat	ttsville. Mar	vland, DATE	On a	Patria	





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Rea, Dist. No. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived It institution Residence before admission) e. COUNTY Marvland 6 COUNTY Pr. Geo. Prince Georges MARYLAND b. CITY OR TOWN (It puts de corporate limits, wir te PatA c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) and give regrest towns Lenham vears Lenhem d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? 9008 Spring Avenue 9008 Spring Avenue YES I NO PA 3 NAME OF Middle 4. DATE FIFST Year DECEASED Edward Gray Davenport March (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 5 SEX IFUNDER TYEAR IF UNDER 24 MRS. 9. AGE Ille years -11-31 fest birthday) Months Days Hours Male white WIDOWED [DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIFTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Negative retoucher Photography Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard Tilghman Davenport Virginia Walker 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 578-10-1169 Howard Davenport: same address as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (o) DUE TO Carbon monoxide poisoning Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 📆 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 200. EXTERNAL CAUSE WAS Rose run from exhaust to interior of automobile. Motor caused to PRIMARY TO AT CONTRIBUTING CAUSE OF DEATH. Month, Doy, Year factory, street, office bldg., etc.) While of work of work Lanham 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection XX, Inquiry Y. and in my opinion death resulted from: Natural causes 🗍, Accident 🧻, Suicide 🔣, Hamicide 🗍, Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **30. 1**958 John T. Maleney. M.D. DEPUTY MEDICAL EXAMINER TY NAME (Type) 27d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 226 DATE THEREOF (State) Baragyah (Steola) Arlington National Arlington Va. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE Gasch's Sons Hyattsville Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55

RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO D (County) (Stote) 1958, that I last saw the deceased fram the causes and an the date stated above NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington National t 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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Days

GEDYDES

a IS RESIDENCE

ON A FARM?

YES NO X

19

Hours

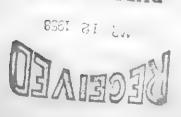
INTERVAL BETWEEN

ONSET AND DEATH

Year 5

Min









VS. A15ME 5M 2/57

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	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
	e. COUNTY DURCE GLORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution regidence before admiss an)
	b. CITY OF TOWN (If outside corporate limits, write RURAL and g ve nearest lay)) Color of outside corporate limits, write RURAL and g ve nearest lay)) Color of town (If outside corporate limits, write RURAL and g ve nearest lay))
	Trame of HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YEAR OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Elizabeth Fillian Planton DEATH risech 3 1958
	5. SEX 6. COLOR OR JACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FOR SINGLE WIDOWED DIVORCED APPLE 1901 SEXTENDER 15 UNDER 14 HRS MIN DOYS HOURS MIN DOYS HOURS MIN
	100. USUAL OCCUPATION (Give kind of work done done done down the first of the down of the
	Edward Hardesty Elizabeth Fitzgs rald
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT () 1700, no. of Unknown) 11 yes, g ve war of dates of Interview) 213-12-1865 mm. Descept Devilor Security No. 18.
4	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
No.	PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) a cute Come (softene li cut l'en a)
	4/0 X DUE TO
	Condition it was a second of the condition of the conditi
	gove rise to immediate cause
	(a), stating the underlying DUE TO cause fast.
ź	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LERAMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	20a. EXTERNAL CAUSE WAS PRIMARY Der CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. Enter noture at injury in Part I at Part II of Hem 18) CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Haur e, m p. m. 19 at work at work
	21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection of Inquiry and in my
	apinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner
e	ACTUAL SIGNATURE ON DATE SIGNED
	EXAMINER'S JAMES TO DEPUTY MEDICAL EXAMINER TO 3-4-5%
	220. BURIAL, CREMATION, 22b. DATE THEFEOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
	Burial March 7/58 Arlington' Nat'l Cem. Arlington, Virginia
-	W.W. Chambers Company, Riverdale, Md.
	DATE MAR 7 '58 Willede A

Z .Y UA . T



036493643 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed **6. COUNTY** b. CITY OR TOWN (If outside corporate limits, write ... LENGTH OF STAY IN 16 c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **BURAL** and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE
 ON A FARM2 YES NO NAME OF First Middle 4. DATE Month DECEASED OF DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR UNDER 24 HRS MARRIED T NEVER MARRIED T lost birthdoy) Months Days Hours DIVORCEO [USUAL OCCUPATION (Give kind of work done) 10b. 12. CITIZEN OF WHAT COUNTRY? KIND OF BUSINESS OR INDUSTRY working life, even if retired) and 13. FATHER'S NAME 14 MOTHER'S MANDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT offending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Thrombosis with Myocardial Infarction-2 1,200 days that Arteriosclerotic Heart Disease vears Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) Doy, Year (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work 🔲 of work 21. I certify that I attended the deceased from Pob. 58 to March 29., 158 that I last saw the deceased 5:30a_M, fram the causes and on the date stated above. and that death occurred at ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE 322 H St. N.E. PHYSICIAN'S NAME (Type) Thomas F. Collins, M.D. 22c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. Stole FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY RECESTRAR 24b~REGISTRÁR'S SIGNATURE V\$ A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. Z.

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FOR STATE HEALTH_DEP

rector. Page your files. both. If any delay is necessory, please and 3 to the funeral director. Page EBICAL EXAMINER: This certificate should be executed within 211 hours after Teath. If any delay is necessificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral disorded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained with CTOR: Page 3 should be used as a buriot-iransit permit. File pages 1-and 2 with the Siote added agent, prior to buriot, cremotion, or removal, and in any event within 72 hours after death. THE DEPUTY MEDICAL EXAMINER: 4 should by TO FUNERALL VS A15ME

SM 2/57

	MARYLAN	ND STATE DEPARTM	ENT OF HEALT	H-BALTIMORE,	18
	MED	ICAL EXAMINER	'S CERTIFICA	TE OF DEATH	Reg. Dist. 103550
, PLACE OF DEATH	3565		2. USUAL RESIDENCE	Where deceased lived If institu	ution Residence before admiss on)
a COUNTY	Prince Ge	Orges MARYLAND	O STATE ME	land b. COUNT	
b. CITY OR TOWN I	t culside corporate limits, we to NJB	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give neorest town)
Cheverl	· ·	13 hours	Gree	enbelt	
_		t in hospital, give street address)	d STREET ADDRESS		e IS RECEDEN ON A FARM
	eorges Genera		34 B	Cresent Road	YES NO
3. NAME OF DECEASED (Type or print)	William William	Raymond De	orsch	OF DEATH March	10 Doy Yeor
S. SEX	6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years [pit birthday]	IF UNDER TYPAR IF UNDER 24 HE
ale	white w	DOWED DIVORCED	4-25-1898	59 yrs	Months Days Hours Min.
during most of worki	ON (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (SIGN		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	- L st there is
Willia	m John Dorse	h	Nann	nie E. Taylor	
	TH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO DONY, which) (b)		l compression	anial hemorrhag	INTERVAL BETWEEN ONSET AND DEATH
(o), stating the	underlying DUE TO				
	7 (c) HER SIGNIFICANT COND TH	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19, WAS AUTOPSY
PART II, OT		r renal disease			PERFORMED?
20g. EXTERNAL CA	TON D	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	art I or Port II of Hem 18)	
Y 20c TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED 20e PL While Not white of work	ACE OF INJURY (Home, for ctory, street, office bldg., et	m. 20f (City or tawn)	(County) (State)
21. I certify t	hot I took charge of	the remains described ob	ove, held an Autop	sy 🟋, Inspection 🌠,	, Inquiry 🔼, and in m
opinion death	resulted from. Nat	tural causes 📆 . Accident	. Svicide .,	Homicide []. Undete	ermined manner 🔲
ACTUAL	why ?	maloney	_M.D. CHIEF MEDICAL E	EXAMINER []	DATE SIGNED
EXAMINER'S	,		ASSISTANT MEDI	CAL EXAMINER	

Fort Lincoln Cemetery

270 BURIAL, CREMATION, 3/13/58 23 FUNERAL DIRECTOR 5 SIGNATURE Sons F Gasch(s

276. DATE THEREOF

NAME (Type)

Hyattsville Md.

John T. Maloney, M.D. DEPU

275. DAYE THEREOF 220 NAME OF CEMETERY OR CREMATORY

240 REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

22d LOCATION (City, lown, or county)
Colmar Manor, Md. 246, REGISTRAR'S SIGNATURE

March 10, 1958

(Stole)

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VS A15 (4) 15M 9/55

ADVIAND	CTATE	DEDADTMENIT	OF HEALTH-BALTIMORE,	10
INC I PHI AN	JIMIL	DEI MEIMEIM	OI TICALITI-BALTIMORE,	10

CERTIFICATE OF DEATH

2017

	Keg. 5/31, 140.
1. PLACE OF DEATH a. COUNTY O	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY (2)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	MID, IRINGE DEURGE
RUBAt and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address)	d STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	17315 WILDWOOD DRIVE YES NO IN
3. NAME OF First Middle	Lost 4. DATE Manifs Day Year
(Type or print) ELLA M. E	NG-LISIA DEATH March 8 1958
5 SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours Min
100. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	market USA
13. FATHER'S NAME,	14 MOTHER'S MAIDEN NAME
Theodore Vent	Elizabeth Demanh
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. (Yes, no. or unknown) 1 (If yes, give wor or dates of service)	INFORMANT Address
	Ingina Blumer 7315 Wildwork
18. CAUSE OF DEATH [Enter only one couse per lipe for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	humormage 5 fors
Conditions, if any, which) (erelinal	aster is solversing 10 was
gave rise to immediate	according to the
lying cause last. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
3 Replivo Scherosis	YES NO I
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I or Part II of item 18)
	ACE OF INJURY (Hame, farm, 20f (City or tawn) (County) (State) clary, street, office bldg., etc.)
Haur a.m. p. m. 19 While Not while of wark of wark	
21. I certify that I attended the deceased fram.	. 1957, when & , 1958, that I last saw the deceased
alive an 3.8 and that death	occurred at 150 PM, from the causes and on the date stated above.
SIGNATURE JESSELLE An Baggamil	ADDRESS (Street, city or town, state) DATE SIGNED
	MD. 5600 M. 1-1. / Dr. Wash 95
PHYSICIAN'S NAME (Type) JAMUEL MY BA	HUEANT 18/58
220 (BURIAL) CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL SPECIFY 3-11-58 Congress	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
Deal Funeral Home 4812	To ace pare MAR 1 7 '58 Col -1

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Frage files. Health, a. COUNTY o. STATE b. COUNTY Pr. Geo. Prince Georges MARYLAND b. CITY OR TOWN It autide corporate limits, write RURAL c. LENGTH OF STAY IN TH c. CITY OR TOWN (If outs de corporate limits, write RURAL and give negresi lown) 1 of 1 D.O.A. 5018 Quimby Avenue Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS Reddamore Beltsville Leland Memorial Hospital deloy is refuneral retained e State (3. NAME OF Middle DATE Manth DECEASED (Type or print) March DEATH 7, Joseph Real Henri Ethier 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR lost buthdoy) Months Days WIDOWED DIVORCED [Male White e 5 g Page 5 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. C TIZEN OF WHAT COUNTRY? during most of working life, even if retired) Canada Barber Barber Poges n P.M.3. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME page Prit Aldorida Marleau Albert Ethier form File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INSORMANT Address Carmen G. Ethier: same address as £ 214-34-6909 No 18. CAUSE OF DEATH [Enter only one cause per line for (c), (b), and (c),] PART I DEATH WAS CAUSED BY Cardiovascular renal disease IMMEDIATE CAUSE (0) ≟ 76 Office 4401 DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY Lo o 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) factory, street, office bldg., etc.) Hour While p. m. Not white the the et work at work p. m. 21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection XI. Inquiry XXI. CHOR: e e opinion death resulted from: Natural causes III. Accident II. Suicide . Homicide , Undetermined monner ACYUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINER¹ John T. Maloney, M.D. March 7. 1958 NAME (Type) DEPUTY MEDICAL EXAMINER IX 220. BUR AL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) REMOVAL (Specify)

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ADDRESS

Hyattsville Maryland.

03652

ON A FARM

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INTERVAL BETWEEN ONSEE AND BLATH

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246 REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

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Transportation 3/8/58

Gasch's Sons

23 FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. Z.

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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution/Residence before admission) Palif e. COUNTY **b.** COUNTY MARYLAND ence zunc ero CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ě, RURAL and give negrest tawn) 2 d. NAME OF HOSPITAL (If hat in haspital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO orn NAME OF Ferst Middle 4. DATE Month Dov Year DECEASED OF (Type or print) DEATH 19 S. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF Months Days Haurs Min. WIDOWED [7] DIVORCED [100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) and Zrmer offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (of **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PAIL II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🔼 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF INJURY Month, Doy, Year 206. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (State) (County) factory, street, office bldg, etc.) Hour e. m While Nat while at wark at wark 2., 19.2 Fihat I last saw the deceased 21. I cortify that I attended the deceased fram. and that death occurred at \$1.354.M., from the causes and an the date stated above. alive an 80 ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 9 220 BURIAL, CREMATION, 22ь. DAME THEREOF REMOVAL (Specify) 0 240 REC'D BY 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Page the rec 10 VII A15 (4) 15M 9/55

INTERVAL BETWEEN ONSET AND DEATH WALKS MONIHS EARS PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🔀 (County) (State) 19.5% that I last saw the deceased M, from the causes and on the date stated above DATE SIGNED 20c. NAME OF CEMETERY OF CREMATORY Lynchburg virginia Virginia. (State) raffsydftstion 3/15/58 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR -24b. REGISTRAR'S SIGNATURE Gasch's Sons Hyattsville, Md.

03654

IS RESIDENCE ON A FARM?

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Days

BURKAU V. E.

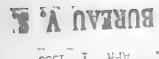
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MARYL	AND S	STATE D	EPARTMENT	OF	HEALTH-BALTIMORE,	18
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3645 CERTIFICATE OF DEATH

	Keg. Dik	I. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence of STATE A	e before admission)
Vrince George's MARYLAND	MARYLAND	
b. CITY OR TOWN (If autside corporate limits frite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate timits, write RURAL and gi	ive nearest town)
HYATTSVILLE (AVONDALE) 5 MONTHS		
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	4922 - LA SALLE ROAD	o. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print) GEORGE Middle B. /	FUGLISTER SEATH MAR. 29	Doy Year 7 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MARRIED WIDOWED DIVORCED DIVORCED		YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	11 21 2 7 7	ZEN OF WHAT COUNTRY
ELEVATOR STARTER EVENING STAR		
GEORGE S. FUGLISTER	ROSE MARIE BALSIGEA	?
(Yes, no or unknown) (If yes, give war or dates of veryste)	SEORGE S, FUGLISTER -	FATHER
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Bilateral Lobe	ar Pneumonia	4 days
due to Margarilan Dreat	n an hay	hl Years
Conditions, if any, which gave rise to immediate (b) Muscular Dyst.	ropity	tt Teats
cause (a), stating the under-		
lying couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	J) NOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
	RED, (Enter nature of injury in Part 1 or Part II af item 18.)	
	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Citactary, street, affice bldg , etc.)	ounty) (State)
21. I certify that I attended the deceased from March	20, 19 50 to March 29, 1958 that Lie	ast sow the deceose
olive on March 28, 19 58, and that deal	th occurred at 6:35a, from the couses and on th	
2 1.40 11.	ADDRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE Tromas T Callin	One. 322 H Street, N.E.	3-29-195
PHYSICIAN'S Thomas F. Collins, M.D.		
22a BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY	OR CREMATORY 22d, LOCATION (City, town, or county)	(State)
BURIAL APRIL 1, 1958 MT. OLIV.	ET CEMETERY WASHINGTON	Dic-
23. FUNERAL DIRECTOR'S SIGNATURE 24. DON. DE VOL - 2224 WIS AVE., WAS	SH. D. C. DATE APR 1 '53 CHIP EAU	Nature LLA
21.2000,02102 122100	DAIL	



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PHYSICIANS CERTIFICATE:

I the undersigned, Medical Officer of the Day, 11 March 1958, 1001st USAF Hospital, Andrews Air Ferce Base, Washington 25, D. C., de kereby certify to the fellowing facts and circumstances involved in the death of Jack Edward Garner.

Deceased arrived in the 1001st USAF Hospital at approximately 5:05 p.m. heurs, 11 March 1955. Delivered to this facility by Officer Robert M. Zidek
Prince Georges County Police, State of Maryland.

Further certify that this case was discussed with Doctor James I. Boyd, Medical Examiner, Prince Georges County, Maryland, who released remains to custody of the Commander, 1001st USAF Hospital, Andrews Air Force Base, Washington 25, D.C. There was no reason to believe or suspect foul play in this case. Autopsy performed at request and concurrance of both parents and the Hospital Commander, scheduled to be performed by the Pathologist, 1100th USAF Hospital, Bolling Air Force Base, Washington 25, D. C.

It is believed that death occurred at 7:09 p.m. hours, 11 March 1958.

RICHARD H. WEBER CAPTAIN, USAF (MC)

Medical Officer Of The Day

Victorial Kluelier



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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE, 18
3720	CERTIFICATE	OF	DEATH

a. Dist. No.	03	65	•
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L	OERTH TO	AIL OI DEAIII	Reg. Dist	. No.
3.	PLACE OF DEATH	2 USUAL RESIDENCE (Where dec	ceased lived If institution, Residence	before admission)
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r	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR IOWN (If outside	corporate limits, write RURAL and gi	
Г	RURAt and give nearest town)		7 /	, ,
	d. NAME OF HOSPITAL JII not in hospitol, give street address)	d STREET ADDRESS	Ø 1	ac occionance
L	OR INSTITUTION		P. V	e. IS RESIDENCE ON A FARM?
Ŀ	None /	Lincoln	1dYN	YES NO Z
3.	NAME OF DECEASED First - Middle	lost 4. D/	ATE Month	Day Yeor
П	(Type or print) =) C/1/2 = 5/8 (016500	EATH /// Two h	4/ 19.58
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS
Н	Foundle Nagna WIDOWED DI DIVORCED []	Dec. 11 187	Jost birthday) Months C	Pays Hours Min.
11	00 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if retired)	JSTRY 11 BIRTHPLACE Stote or fore		EN OF WHAT COUNTRY?
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1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ANOIG	11.
1"	R F Ward L	Ta, MOTHER S MAIDEN NAME	=1c: a 11/ac	1. 4
L	Denjamin F. Mallamilon	104/12 1	-1216 MIS	hinglon
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 177	INFORMANT //	Address	1/1
L	1/1)	mabelle BI	nnebrew	Johan Mo
1	18. CAUSE OF DEATH [Enter only one couse peyline for (o), (b), and (c)]	0		INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) CAVOIZO	Trrest		ONSET AND DEATH
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П		al Hato	ioscleusis	٠٠ ١٠
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15	PART I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(6) 19 WAS AUTOPSY PERFORMED?
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2170	200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 1 CAUSE OF DEATH	ED. (Enter nature of injury in Port I o	or Part (Lof item 18.)	
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
140		LACE OF INJURY (Home, farm, 20f.	(City or town) (Cc	ounty) (State)
2	Hour e.m. While Not while p.m. 19 of work of work	octory, street, office bldg., etc.)		
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L	21. I certify that I attended the deceased from July	4.4.	195 Ahat I lo	
L	alive an 1925, and that death		fram the causes and on the	
П	Lacruss &	ADDRE	55 (Street cuty or lown, plote)	DATE SIGNED
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L	NAME (Type) /7 C/7 X // // // // // // //	v Doco	18 Luci	
2	20. BURIAL, CREMATION, 226. DATE THEREOF 2201 NAME OF CEMETERY C	OR CREMATORY 22d. L	OCATION (City, Igwn, or county)	j (State) /
13	REMOVALISPECITY 9/8/31 LINCOLL	1 //2/1/	MARY	ANC
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before adm ssion) a. COUNTY b. COUNTY Prince Georges MARYLAND b CITY OR TOWN (If outs de corporate l'ents, write RUPAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie Raltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Bowie Race Track 405 East 31st Street 3. NAME OF Middle 4. DATE DECEASED (Type or print) 0 DEATH Melvin Mvers Hammack March 12. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED # B DATE OF BIRTH 9 AGE (In vaora IF UNDER TYEAR IF UNDER 24 HRS less birthday) Months WIDOWED | 59 DIVORCED | Male 100. SSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B-RTHPLACE (Stote or foreign country) Page 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Virginia Mutuel clerk Raceng Pages n PM3. pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Cornel Hammack Etta Thompson form I 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address with Myrtle McDermot: 2620 Erdman Ave. Balt. Md. clong , 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) burial-trans Office DUE TO Cardiovascular renal disease Conditions, if any, which gave rise to immediate cause pending in pical Examiner's DUE TO (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g, EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18) CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or fown) writing the to the Chic (County) Hour s. m factory, street, office bldg., etc.) Not while of wark of work 21. I certify that I taak charge of the remains described above, held on Autapsy . Inspection . Inquiry . STOR: opinian death resulted from. Natural causes 📆, Accident 🦳 Suicide . Homicide . Undetermined manner MEDICAL ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER shauld FUNER DEPUTY MEDICAL EXAMINER TO NAME (Type) March John T. Maloney, M.D. 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 0 Arlington National Mar. 18.1958 Gem. Arlington. Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. BEGISTRANS SIGNATURE

1217 St. Paul Street

03659

e IS RUSIDENCE ON A FARM?

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Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NOTE

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William Cook, Inc.

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by W	*		٠	or institut on 7201 Foster St., N. E. 1d. STREET ADDRESS 7201 Foster St., N. E. 1201 Foster St., N. E.
n 24 ha Filled in Jes 1 an				NAME OF DECEASED IVIARY HANCOCK DEATH 3-14 Day Year 1958
d within			5 5	EX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1887 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 100 birthday) Months Days Hours Min
execute nd camp n pape deoth.	I		10a.	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) HOUSE WIFE HONE MAYAS'h. D.C. 12 CITZEN OF WHAT COUNTRYP
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PHYSIC of or off his cert use as			MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. P. m. 19 20d INJURY OCCURRED While Not while of work all of work and work and work are not work.
Sprite the ter the for the formal creeking the creeking t			- 1	21. I certify that I attended the deceased from JLANE, 1949, to MAKH 14, 1958, that I last saw the deceased
ND e bo				alive an MARCH 12, 19,58, and that death accurred at 4,350M, from the causes and on the date stated above
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Died Died	1			SIGNATURE FLOWER M. NOWLY MD. 1200-IN ARL BORO PIKESE, 3/14/3
TAL reto AL hou	,	Ę		PHYSICIAN'S SIDNEY W. LOWRY M.D. WASH, 28 D.C.,
D HOSPI may be D FUNER page 3 s	471	,	1	BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CHMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State)
VS A15 (4) 15M 10/57		1	23 (FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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ARYLAND ST	ATE DEPARTMENT	OF HEALTH-BALTIN	IORE, 18

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1. PLACE OF DEATH 6. COUNTY Prince George	q		MARY	LAND	2. USUAL RESS o STATE Marvle	_	ere deceased	l lived If institut b COUNTY				
b CITY OR TOWN (If outside	corporate fimits,	write c.	LENGTH OF STAY	IN 1b	the same of the sa		ulside corpo	role limits, write	Princ			
RURAL and give nearest tay	n)		22 2				- 4	-		g. · · · · · ·		-9
d. NAME OF HOSPITAL (IF no OR INSTITUTION	in haspital, give	street odd	1.1. days	3	d. STREET A						e. IS RES	CIDENICE
				1			/				ON A	FARM?
Prince George	S Venera First	T HOS	***************************************	1	3901 (1E5 [NO [3
3. NAME OF DECEASED (Type or print)			Middle		Los	H	4. DATE OF	Ma	nth	Do	ıy	Year
	Blanch		Λ.	- 5 /	Hardy		DEATH	Mar	4-14-4	23		1958
			NEVER MARRIE		B. DATE OF BIRT			9 AGE (In years lost birthday)	Manths	Days	Hours	ER 24 HRS
	1100	IDOWED [_		7-1/1-9			66 yrs				
100. USUAL OCCUPATION (Give during most of working life, HOUSEWITE	kind at wark don even if retired)			RINDUS		ACE (Stole)	ar fareign co	wntry)			2F WHAT	COUNTRY
		OW.	n home						US	A		
13. FATHER'S NAME					14 MOTHER'S		_					
	ett Stac				Kos	a Lyd	dane					
15. WAS DECEASED EVER IN U. S	. ARMED FORCES	7 16. SOC	IAL SECURITY NO.	17. PN	FORMANT			Add	fress			
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18 CAUSE OF DEATH [Ent	er aniy one cause	per line f	or (a), (b), and (c)	A						INT	ERVAL BE	TWEEN
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20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS	LYING [] 201	. DESCRIB	E HOW INJURY OC	CURRED	. (Enter nature a	f injury in P	art 1 or Part	II of item 18.)			163 []	140 []
PART II OTHER SIGN 4 20a ACCIDENT WAS UNDER OR CONTRIBUTING 🗆 CAU (IF EITHER, NOTIFY MEDICAL	E OF DEATH EXAMINER)											
	, Day, Year	20d INJUI	RY OCCURRED	20e. PLA	CE OF INJURY I	Hame form	201 1036	ere town)		Carratus		(State)
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		at wark		1.7	1.3	<u> </u>	;	0.00				
21. I certify that I at	ended the de	ceased		15	, 19 5	toW	Concell	23-195	Sthot I	last so	aw the	deceased
alive on Missiel	2-3	12	, alld that	death	occurred at	9:20	_M, from	the causes	and on t	he da	te state	ed abave
ACTUAL	-100 /111	May	4 l'are	į.		A	DDRESS (Sh	eet, city ar tawn,	state)		D/	ATE SIGNE
SIGNATURE	1/2 000		NAMA CO	N	I.D							
PHYSICIAN'S Dr. Ge	orge War	re			who who ship was not the dell the						*	
22a. BURIAL, CREMATION, 22b.	DATE THEREOF	22	c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCAT	ION (City, town,	ar caunty)		(State	e)
Burial 3/2	26/58	M	t Olivet	Cen	etery		Wash	ington I	D. C.			
23. FUNERAL DIRECTOR'S SIGNAT	URE		ADDRESS			24a REC'D	BY REGISTI		STRAR'S SH	GNATUI	RE	
F. Gasch's Sc	ons Hya	ttsv	ille, Ma	ryla	and.	MAR 2	2 6 '58	- VIIIA	- Seent	h		

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1		MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 35		3669 CERTIFICATE OF DEATH Reg. Dist. No. ()3662
director iled with	1.	PLACE OF DEATH a. COUNTY PRINCE GEORGE DEFORE DEFORE admission a. STATE GINA b. COUNTY b. COUNTY
funeral lid be f	/ [b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARTINGTON ARTINGTON ARTINGTON
by the		d DIAME OF HOSPITAL (If not in hospital, give street address) DE INSTITUTION AURIE SANITARIUM d. STREET ADDRESS, UNDONA FARMY VES NO PROPRIATE ON A FARMY VES NO PROPRIATE OF THE PROPRIATE ON A FARMY VES NO PROPRIATE OF THE PROPRIATE OF T
illed in	3.	NAME OF DECEASED (Type or print) HELEN HENDERSON OF ATTE Month 1 1958
d within pletely f rs. Pag	5.	SEX OF COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
execute nd comp n paper death.	10	d. USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT COUNTRY? DUSEN Per 10. CARDLINA 11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT COUNTRY?
cian on cian or cian or carbo	13	WARRISHAM DICKSON THAME BOOKEN
ng physic remark 72 Josef	/ 15 (N	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT SS. No. OF UNINDOWN) [If yes, give wer of dates of service) TO HOS DITAL RECORDS LAUDER SANITARIO
attendir please within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DIANALO MILLIAM EN VA (490) IMMEDIATE CAUSE (a) DIANALO MILLIAM EN VA (490)
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quires igned permit I in any		Conditions, if any, which gave rise to immediate couse (a), storting the under-
law re nysician been s I-transit val, and	TION	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
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ar attention of action, a	MEDICAL	
ING Phaspital aspital free this of for until crem) W	21. I certify that I attended the deceased from 3-4- 1958, to 3-11- 1928, that I last saw the deceased
y the h Y TOR: A TOR: A TOR: A TOR: A		alive on 3-11- , 1238, and that death accurred at 11 M, from the causes and an the date stated above. DATE SIGNED
ained b DIREC VID		ACTUAL SIGNATURE LA DIVIL DIVI
OSPITA be ret INERAL e 3 sho registro	22	MAME (Type) - NIVT - NI
Dag Page	23	REMOVAL (Specify) 3-15-58 N/H/16-4/ // HAILE /
VS A1\$ (4) 15M 9/55	1	Contraction the tip I mante 12 DATE 150 Comments



15M 10/57



1		T	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 3664
	- J-		3723 CERTIFICATE OF DEATH
Page 4 director, led with	4	ī.	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY
eral be fi			b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest fawn)
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ours aff	No.		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5214 Shadyside Ave 5214-Shadyside Gove YES NOW
24 he		3	NAME OF DECEASED (Type or print) HARRY C. Hess 4. DATE Month Day Year OF DEATH MAR 28 1958
rely F		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
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ysicic ysicic been trans		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED?
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the burner or re-		CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
HYSIC or at is certi use as		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. fs. While Not while of work of the
AG P		1	21. I certify that I attended the deceased from Nov. 27. 1957, to Acres 14. 1957, that I last saw the deceased
NDI He ha Sched			alive on 3. 19. 12. 12. 12. In and that death occurred at 14. 12. M. from the causes and an the date stated above.
ATT PATE OF TO THE PATE OF THE			ADDRESS (Street, city or town, state) DATE SIGNED
O G See of			SIGNATURE Bernard (200) M.D. 3500 M. M. Co. J. C. 3. 2 K. J.
retaine RAL DI should	'		NAME (Type) BERNARD CADEUM.D. Wash. D.C.
HOSI gy be FUNE		22	C. BURIAL, CREMATION, 226. DATE THEREOF 20C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5 5 g =		23,	2246. REC D BT REGISTRAR 2 SIGNANDIRE
VS A15 (4)		×	sermond Brother 1661-good Hope & DATE MARSI 28 100 f- educh
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3724 CERTIFICATE OF DEATH N TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should. Elached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 still be filled with the registrar prior o burial, cremation, or remaval, and in any event within 72 hours after death. 00

	3724	CERTIFICA	TE OF DEATH	Re	ng. Dist. No. 03656
	PLACE OF DEATH a. COUNTY DELTA CE CEO.	MARYLAND	2 USUAL RESIDENCE (Who	b. COUNTY	Residence before admission) Of CCC
	RURAL ond give nearest town)	IGTH OF STAY IN 16	x Cadar	tside corporate limits, write RURA	L and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6. 47% AVt.		d. STREET ADDRESS	M AVE	e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print) - V7 Depethy	Middle Hodge	Lost S	4. DATE Month OF DEATH Majrc	h 14 1955
1	PM 3/8 CULOTED WIDOWED	DIVORCED [8-30-1893	lost birthday) Me	UNDER I YEAR IF UNDER 24 HRS onths Days Hours Min
1	USUAL OCCUPATION (Give kind of work done 10b. KIND C during most of working life, even if retired)	OF BUSINESS OR INDUS	Maryl	and	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME POR CITY PUT 9055 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL	SECURITY NO. 117, IN	14. MOTHER'S MAIDEN NA V GEOFGI	ME ADA FAKOE Address	y
(Ye	a, no, or unknown) Iff yes, give war or date of service)	W	1112m A. Hod	925 714 64	in Ave
	18. CAUSE OF DEATH [Enter only one couse per line for (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	sentia	1 Hyper	tension	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
CERTIFICATION	(IF EITHER, NOTIFY MEDICAL EXAMINER)	dism	NOT RELATED TO THE TERMIN		IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY C Hour a. p., White Not work of work of the	OCCURRED 20e. PLA fact work	CE OF INJURY (Home, form, ory, street, office bidg., etc.)	20f. (City ar town)	(County) (Stote)
	21. I certify that I attended the deceased fra alive on Mar 12, 1958 ACTUAL SIGNATURE W. PHYSICIAN'S TOI-IN W. 1		A 10. <u>330~6</u>		on the date stated above. DATE SIGNED 3-14-58
220	REMOVAL (Specify) 3-20-5-8 22c. N	NAME OF CEMETERY OR	Wat.	ad Excation (City, toyin, or co	VCL (State)
23.	furieral director's signature Jenry & Washington → Sei	ODRESS 467	Not nucleus MA	74 9 150	R'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/55



Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Prince George's Maryland b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) RURAL and give nearest town)
Forestville. Maryland. Forestville, Maryland. Years d. NAME OF HOSPITAL (If not in hospital, give street address)
7589— Walters Lane S.E. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7589- Walters Lane S. E. YES NOT NAME OF Middle Year DECEASED ROSALIA HUBER M. March 10th (Type or print) 19 58 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER FYEAR IF UNDER 24 HRS last birthday) Months Davs White Female WIDOWERA DIVORCED T March 7th 1880 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired Cleaner PA. R.R. Hungary USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Karl Mattern Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. Mary E. Walter Same as # 2. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a] DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? YES IN NO IN 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, | 20f. [City or town) Day. (County) (Stote) factory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from Murch 10 . 19 5% that I last saw the deceased DATE SIGNED PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Suitland, Maryland. March 12⊶58 Oedar Hill Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE 245. REGISTRAR'S SIGNATURE 24s. REC'D BY REGISTRAR 1661- Good Hope Road S.E Washin-ton.

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MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please Ecriticate, writing the ward "pending" in pending in the Residence of the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained a your files. The CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State (for your files) genered again, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	2700	Reg, Dist. No.									
1, 7	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived It institution: Residence before admission)									
0	Prince Georges MARYLAND	o STATE Maryland b COUNTY Pr. Geo.									
Ь	CITY OR TOWN (If outside corporate him I), with BURAL c. LENGTH OF STAY IN 16 and give nearest fowe)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Chapel Oaks 10 years	X Chapel Oaks									
d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address)	d. STREET ADDRESS e. IS RESIDEN E									
	1328 58th Avenue	1328 58th Avenue									
. !	NAME OF First Middle	Lost 4. DATE Month Doy Yeor									
	Type or print) Bertha Elizabeth	Hunter DEATH 3- 7- 19 58									
5	EX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED	8 DATE OF BIRTH 9 AGE HO YOUR TEUNDER TYEAR IF UNDER 24 HRS									
F	'emale colored widowed Divorced	5-19-12 iost brithday) Months Doys Hours Min									
0	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU!	STRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY									
-	uring most of working life, even if retired)	The second of th									
	lood bank attendant Hospital	Virginia U.S.A.									
**											
	John Berkley WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	Minnie Durfee									
j) , 00,	, no, or unknown) [II yes, give wor or dates of service]										
	No J	ames E. Wilson; 4805 Texas Ave., Wash. D.C2									
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEA H									
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage	and shock									
ı	981 X DUE TO										
ı	Conditions, if ony, which) (b) Shotgun wou	nd of head									
ı	gove rise to immediate couse										
ı	tol, storing the orderlying										
ı		NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART 1(0)119, WAS AUTOPSY									
2	PART II, OTHER MONTH CONDITIONS SOMETHING TO SERVICE	PERFORMED?									
	AN EVERTALLY CALLE WAY	YES NOOT									
	PRIMARYOTE OF CONTRIBUTING ET	(Enter nature of injury in Part I or Part II of item 18.)									
ı	CAUSE OF DEATH. Shotgun wound o										
		ACE OF INJURY (Home, form, 20f (City or town) (County) (State) ctory, street, office bldg , etc.)									
web.	8 Not while of work of work	Home Chapel Oaks Pr. Geo. Md.									
	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my										
	opinian death resulted from: Natural causes . Accident	, Suicide, Homicide . Undetermined manner									
	1 - 200 /										
	SIGNATURE LOGIN J. 49 algrey	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED									
		ASSISTANT MEDICAL EXAMINER									
	NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER T March 8. 1958									
20	BURIAL CREMATION 1226 DATE THEREOF 1226 NAME OF CEMETERY O										
Z	REMOVAL (Specify) 3-15-58 CHURCH C	EMETERY NORFOLK. VA.									
3	FUNERAL D RECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE									
7	THIN T. PHINES + Co. 901 3.	917.50									
	01111	POATE MAR 1 4 '58 1 () ()									
		and the contract of the contra									

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3727 03670 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where discussed lived If institution, Residence before admission) PLACE OF DEATH **b** COUNTY b. COUNTY erol CITY OR TOWN (If outside corporate limits strite) A. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write-RURAL and give hearest town) RURAL and give nearest lown] d NAME OF HOSPITAL (If not in hospital, give street po-STREET_ADDRESS e. IS RESIDENCE YES 🗍 NO 🖸 3. NAME OF Middle 4. DATE Lost Month Yeor DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MADRIED 9. AGE (In years lost birthday) 5EX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys WIDOWED A DIVORCED D USUAL OCCUPATION (Give and of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLECE (Slote or foreign country) during money working life even it retired 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address INTERVAL BETWEEN
ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PAINTE OTHER SIGNATIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (State) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from, 19-24, that I last saw the deceased and that death accurred IIM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL PHYSIĆIAN'S NAME (Type) 220 BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) 23. MUNERAL DIRECTOR'S SIGNATURE 24 REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR DATE MAR 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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o COUN	OF DEATH NTY	Prince G	eorg	6 5	MARYLANG	0 57		yland	ed lived If instit		ince bel	e George
b. CITY C	OR TOWN (If	autide corporate fimili,	wz le IIJRA	c. LENG1	H OF STAY IN 16	c. CII	Y OR TOWN	(f outside corp	orale lim'ts, write	RURAL one	give n	earest lawn]
	Rive	rdale		D.	O.A.	. 7	Col	lege Pa	rk			
d NAME	OF HOSPITA	AL OR INSTITUTIO	N (If nat	in hospital, give	treet address)	d. STI	EET ADDRESS	5				ON A FARA
Telai	ad Mem	orial Hos	pita	1			5006	Indian	Lane			YES NO
DECEASI			First		Middle		Last	4. DATE OF	Mont	th	Doy	Ymar
(Type or	print)	Robert		Thomas		Jones		DEATH	March	1	0	19 58
SEX		6 COLOF OR RA	CE 7. A	MARRIED NEV	ER MARRIED	B. DATE OF	BIRTH		9. AGE (In years lost birthdoy)			IF UNDER 24 F
Male		white		OWED [DIVORCED	Ser	t. 14,	1901	56 yrs.	Monins	Days	Haurs Min.
lo USUAL during m	OCCUPATION out of working	N (Give kind of wi	ork done	106 KIND OF BL	ISINESS OR INDU	STRY 11. BIS	THPLACE (Sto	ate ar face gn co	(עייייניני)			F WHAT COUN
Ret	ired i	nspector		U.S.Na	vy Yard	V	irgini	.8.			U.S.	.A.
3. FATHER	'S NAME	-				14. MOTI	IER'S MAIDEN	4 NAME				
		Paul Jone					Carr	ie Bate	man			
5. WAS DI	ECEASED EVI	R IN U. S. ARMED			CURITY NO. 17.	INFORMAN			Address			
						Rosali	e Jone	s; same	address	as #	2.	
16. CA	USE OF DEAT	H [Enter anly one	cause pe	r line for (o), (b),	ond (c)]						TINTER	VAL BETWEEN
		H WAS CAUSED BY		Acr	te conge	et.ive	heart.	failure			ONSE	HIASO DEATH
(o), ste			(c)	NS CONTRIBUTION	G TO DEATH BIT	NICT DELATE	D TO THE TIE	nialkia: Mierace	COMPLIANT	VP-1 10 1 0 1 0 1		
3	raki II, OIII	EX 3101411 CART C	0110110	INS CONTRIBUTION	O TO DEATH BUT	NOT RELATE	DIO INE IER	WILWET DIREARE	CONDITION GI	VEN IN PAK		PERFORMED?
☑ PRIMA®	TERNAL CAU TY OF CON OF DEATH.	SE WAS ITRIBUTING []	20b DE	SCRIBE HOW INJ	URY OCCURPED	(Enfer nature	of injury in P	Port Lar Port II	af item 18.)			
2	our o.m.			20d INJURY OG While Nat of work at w	whilefo	ACE OF INJUDICALLY, Street,	JRY (Hame, fo	orm. 20f. (City	or lown}	(Cau	nty]	(State
21. [21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in r											
opinio	on death	resulted from:	Natu	ral causes 🔽]. Accident	D, Su	icide 🗍,	Homicide	, Undete	rmined n	nanne	
	^	A		V 78			L					
ACTUA		Man D.	- JA	Kaken	440	M.D. CH	IEF MEDICAL	EXAMINER				DATE SIGNED
	//	, , ,	9-4	Charle A			ISTANT MED	ICAL EXAMINE				
NAME	(Type) J	ohn T. Ma	lone	y, M.D.		DE	UTY MEDICA	L EXAM NER 🔏	Mar	ch 10	, 1	958
Za. RLIRIAL	CREMA" O	N 226 DATE THE	and they are		OF SEMETERY O	R CREMATO	iy	22d. LOCAT	ION (City, town,		-	(State)
Buri	AL (Spec fy)	3/14/	58		John's C				sville,			(0.0.0)
3 FUNERA	L DIRECTOR	S SIGNATURE		ADDR				C'D BY REGISTI		ŞTRAR'S,SIG	NATUR	£ 9
F.	Gasch	's Sons	Hva	ttsvill	Md.		DATE	MAR 1	3 '58	Perd.	سند	
	THE PERSON NAMED IN	~ ~~~	44,7 64	The second of the second of	U		LUMIT			D. D. J. L.	J 34 J 4	Z APPA

TO DEPUTY MEDICAL EXAMINER: This cerrificate should be executed within 24 hours after death. If any delay is nexecute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral 4 should be formarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL COOK: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State E or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death VS A15ME 5M 2,57

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h. If on	o the ful	toined for your file	th the re
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24 hours o	oges 1, 2	r's Office olong with form PM3. Page 5 may be retai	FCTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar page to buri
within 2	Give 5	P.M.3. Po	mit. File
executed	n Item 18	ith form	ansit per
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tificate s	nding" ir	"s Office	used os o
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ICAL EX	ate, writ	e Chief	ECTOR:
TY MED	e certific	ded in	RA
5. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter deoth. If ony delay is necessary, please exe-	cyte th	forwor	TO FUNE
VS.	. A	15A 975	AE(!

		MARYL	AND S	TATE DEPART	ME	NT OF HEALT	H-BAL	TIMORE,	18	
		W	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dist. N	23673
ī.	PLACE OF DEATH					2. USUAL RESIDENCE (Where decease	ed lived. If Institu	tion: Residence b	efore admission)
		Prince Ge	orge	MARYLA	IND	o. STATE Mary	land	b. COUNT	Prince	e Geo.
1	CITY OR TOWN (tf outside corporate limits, writed	• EURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I	Foutside corp	orole limits, write	RURAL and give	nearest tawn)
	Lanhan			Transie	nt	× Lanham				
-	I. NAME OF HOSPI	TAL OR INSTITUTION (If not in hos	pital, give street address)		- d. STREET ADDRESS				e. IS RESIDENC
	P. O. Bo	x 352 A				Princes	_Gard	en Road		YES NO
	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Month	Day	y Year
_	(Type or print)	John	-	Clifton		Kagle	DEATH	March		19 58
- 3	SEX	6. COLOR OR RACE	1	D NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years (m) birthdoy)	Months Days	Hours Min
	Male	white	WIDOWED			Sept. 29	1884	73 yn.	Monns Days	Pioors Mills
Oa C	. USUAL OCCUPATI furing most of worki	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTR	Y IT. BIRTHPLACE (State	or foreign co	untry)	12. CITIZEN C	OF WHAT COUNTS
		engineer	I	enn. R.R.		Maryla	nd		U.	S. A.
3.	FATHER'S NAME					14. MOTHER'S MAIDEN				
-		iam David				Martha	Alic	e Car	rick	
o. Yes	was declased even, or unknown)	FOR IN U. S. ARMED FO	RCES? 16. (FORMANT		Address		
		TH Enter only one cou			001	avia Kagl	e: sa	me addr	88 886	# 2.
CERTIFICATION	Conditions, if of gove rise to imme (o), stoting the couse lost.	diole couse underlying (c)	Ext	Shock censive 2nd		V				19. WAS AUTOPSY PERFORMED?
J-I	20g. EXTERNAL CA	USE WAS 20	b. DESCRIBE	HOW INJURY OCCURRE	D. (En	ter noture of injury in Por	t 1 or Port II e	of item 18.)		YES NO
	20g. EXTERNAL CA PRIMARYAL OF CO CAUSE OF DEATH.	NIKIBUTING []	Burn	is caused i	by	burning o	f clo		n the i	oodv.
MEDICAL	20c. TIME OF INJU	RY Month, Day, Yes	r 20d. 11	NJURY OCCURRED 20e.	PLAC	E OF INJURY (Home, form	20f. fCity		(County)	(Stole)
MED	Hour XX	3-15- 19	58 of wor	Not while	וסוספו ד לימי	y, street, office bldg., etc	home :	Lonhom	Dw (7 16-
	21. I certify ti	hat I taak charge	of the r	emains described	vode	e, held an Autaps	y . In	spection Fr	Inquiry 173	t and find th
	death resulted	fram: Natural	causes [, Accident X,	Suic	ide [], Homicide	, Un	determined c	ause [].	y and mid m
	ACTUAL SIGNATURE	John C	11/2	coner		M.D. CHIEF MEDICAL E	KAMINER 🔲			DATE SIGNED
				1		ASSISTANT MEDIC	AL EXAMINER			
	EXAMINER'S NAME (Type)	John T.	Malon	ey. M. D.		DEPUTY MEDICAL	EXAMINEN	Marci	h 15. 1	1958
	BURIAL, CREMATIC REMOVAL (Specify) Burial	3/18/58	F	22c. NAME OF CEMETERY Fort Lin		REMATORY Ln Cemetery		on (City, town, o	r county)	(State)
	FUNERAL DIRECTOR			ADDRESS			D BY REGISTR		TRAR'S SIGNATU	IRE
	F. Gascl	n's Sons	Hyat	tsville, Md		DATE			4	
-			-		-	200	1 0 150	1 1 2 2 2 2	A 70000	

BURKAU Y, E.

MAN SECTION STATES

	90	CERTIFICATION OF THE PERSON OF	ICA	11. O. D				Reg. Dist. N	e.	
1. PLACE OF DEATH a. COUNTY Prince Geor	ges	MARYI	- 11	2 USUAL RESID 0. STATE Maryl	_	ere deceased	l lived. If institution b. COUNTY		fore odmission) George	es
b. CITY OR TOWN (If outsice RUSAL and give peprest to the Research Br.	de carporate limits, w awn) entwood	c. LENGTH OF STAY I	N 1b	COLLA COLLA	DAN (II o	utside corpor	ote limits, write Ri Brentwo		regrest fown)	
d. Name of Hospital (If a 3715 Rhode 1	not in hospital, give s	,		3715 R		Islan	nd Ave.		e. IS RESIDEN ON A FAR YES NO	SWEETEN.
3. NAME OF DECEASED (Type or print) HOWA	RD	Middle	KE	LLISON		4. DATE OF DEATH	Marc		Day Year	
	79. 2 3	MARRIED NEVER MARRIE	D 23 8	DATE OF BIRTH	1884		9. AGE (In years last birthday) 737/4 yrs.	Months Day	LR SF UNDER 24	HPS Win.
100. USUAL OCCUPATION (Giduring most of working life Retired Clerk	e, even if refired]	106. KIND OF BUSINESS OF	RINDUST	Ohio		or foreign co	ountry)		S.A.	UNTRYP
13. FATHER'S NAME William H. Ke	llison			14 MOTHER'S Marg		E. SI	awan			
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Edward L. Kellison Bellefontaine, Ohio										
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GRENET Allized Abdominal Carcinomalosis ONSET AND Under ONSET AND Under ONSET AND Under ONSET AND Under Onset And On						TERVAL BETWEENSET AND DEA				
ICATIO		ONS CONTRIBUTING TO DEA			Nov State - State State State - State			EN IN PART 1(a)	19, WAS AUTO PERFORME YES NO	D5
20c. ACCIDENT WAS UNIT OR CONTRIBUTING I CA UP EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Med Hour e. m.	onth, Day, Year 2	DESCRIBE HOW INJURY OF	20e. PLAC	Enter nature of CE OF INJURY (L Dry, street, office	lame, farm,	20f (City		(Count) (v	(State)
21. I certify that I attended the deceased from 6 22 Marshy, 1958, to 43te 19 that I last saw the deceased alive on 26 February, 1958, and that death occurred at 6:15 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE EDecan N. 3 Connecticut Ave. IN.W. Wash. 6.) PHYSICIAN'S Edgar N. 13 counce. St.										
22a. BURIAL, CREMATION, 22 REMOVAL (Specify)	b. DATE THEREOF	22c. NAME OF CEME					ION (C ty. town, c		(State)	
23. FUNERAL DIRECTOR'S SIGN F. Gasch's	ATURE	ADDRESS Lyattsville,			240 REC'D	BY REGIST	RAR TAB REGIS	TRAP'S SIGNAL	URE	

he funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by page 3 shoul detached for use as the burial-transit permit. Then please remave carbon papers. Ralles I and the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55

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ENLEVO V. E.

SELVES.

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be a redained to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to your files. TO FUNERAL 1 TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B 1 of Health, or removal, and in any event within 72-hours after death.

VS A15ME -5M 2757

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	barr

Ren Dist N.

03675

I. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased	I ved If institution	Residence be	fore admiss on)
o. COUNTY	ince George	8	MARYLAND	a. STATE Mar	yland	P. COUNTA	Pr. Ge	0.
b. CITY OR TOWN (lt auts de carparate timits, wo	# FURAL	c. LENGTH OF STAY IN 16	c. C.TY OR TOWN	(If outside carpari	ole limits, write RUI	AL and give n	eprest lown)
Chev	_		D.O.A.	H-ve	ttsville	(Landove	. H477	-)
	TAL OR INSTITUTION (If not in haspe		J. STREET ADDRES	* * * * * * * * * * * * * * * * * * *		72_11111	E IS RESID NO E
Prince (Georges_Gen	erel H	enite?	3901 7	Oth_Aver	1110		YES NO
3. NAME OF	Fire Formatti		Middle	Lost	4 DATE	Month	Doy	Year
(Type or print)	Herman	TAT	slev Ker	ney	OF DEATH	March	19	1958
5. SEX			NEVER MARRIED 6		9.	AGE (In years IF		IF UNDER 24 HRS
Male	White	WIDOWED		12-11-189		63 yrs Me	onths Doys	Hours Min
10a. USUAL OCCUPATI	ON (Give kind of work	dane 10b Kit	ND OF BUSINESS OR INDUST				12 CIT ZEN O	F WHAT COUNTRYS
Retired	ng life, even if retired)	TI	S.Government	Virginia	•		TT	S.A.
13. FATHER'S NAME			D do set World	14 MOTHER'S MAIDE				DeAe.
With	liam G. Ken	nev		Bertha	Lloyd			
15. WAS DECEASED ET	ER IN U. S. ARMED FO	RCES7 16. SC	OCIAL SECURITY NO. 17. H	NEOPMANT .	Robert	C Address	The second second	
No No	None None	57	8-09-2595	1 4 5 6 6 6 6 7 1 TO THE PARTY OF THE PARTY		me addres	18 as #	2.
18. CAUSE OF DEA	ITH Enter only one cau	rse per line fo	r (o), (b), and (c).	SANGER WINEY TO	oin.63.3 -ne		INTE	EVAL BETWEEN
PART I. DEA	PART I. DEATH WAS CAUSED BY:							ET AND DEATH
4- 0	IMMEDIATE CAUSE (a)		20200 001200	JULIU HOLL U	1411016			
Conditions, if	11.63		Cardiovascul	lar renal di	isense			
gove rise to imme	diate couse				2504.50			
(o), stating the	underlying							
Z PART II, OT			TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TE.	RMINAL DISEASE C	ONDITION GIVEN	IN PART I(o) 1	9. WAS AUTOPSY
PART II, OT								PERFORMED?
200 EXTERNAL CA	USE WAS 20	b DESCRIBE	HOW INJURY OCCURRED (nter nature of injury in	Part I or Port II of	'tem 18 }		
PRIMARY OF CO	NTRIBUTING L					·		
3 20c. TIME OF INJU	IRY Month, Day, Yei	or 20d, IN	JURY OCCURRED 20e PLA	CE OF INJURY (Home, fo	atm, 20f (City or	lown)	(County)	(State)
20c. TIME OF INJU	19	While at work	Not while foct	ary, street, affice bldg.,	elc.)			
	hat I took charge		mains described abo	ve held on Auto	nsy 🗍 Inst	section ICI	naviev (X)	, and in my
			uses 🖾 , Accident					,
op man deam	/	Natoral Co	oses [6], Accident [Hamilton L	J, Undelermi	nea manne	er [l
ACTUAL ()	Man 7°	Mr.	borned -	CHIEF MEDICAL	EXAMINER T			DATE SIGNED
SIGNATURE _ Y	BHY J.	140	correg	M.U.	DICAL EXAMINER	7		
EXAMINER'S	John T. Male	mar l	f.n. /		AL EXAMINER	-	19, 19	ocs
-	On 226 DATE THEREO		2c NAME OF CEMETERY OR			N (City town, or co		
REMOVAL (Specify Burial				Church Cen				Co.Md.
23. FUNERAL DIRECTO	S'S S'GNATURE		ADDRESS		PANTY RECEDIAL	776 REGISTRA	IL'S SIGNATUI	RE
W. W. C	HAMBERS C	0., R:	iverdale, M		. 4 1 30	Mu	such	

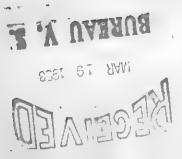
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_ < 10 MISS AL OR ATT MING MY MAN: The law requires that the death certificate be executed within 24 hours after death; Page 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 shauld cocked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 21 of be filed with	
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in 24		filled	ges >	
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he Ta	phys	hos b	rial-tr	navol
AN:	nding	cote	he bu	or re
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II.	itolo	r this	or us	cremo
ž	hosp	Affe	hed f	riof,
	oy the	ő	ţ	io O
ŏ	ined	DIREC	P	prior
Y	refo	RAL	shou	istrar
N	oy be	FUNE	age 3	the registrar prior to buriol, cremation, or remaval, and in any event within 72 yours after death.
2	See may be retained by the haspital or attending physician.	2	à.	==
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	MARYLAND STATE DEPARTM	AENT OF HEALTH—BALTIMORE, 18					
>	3675 CERTIFIC	ATE OF DEATH G234 10/6/58 V 3676					
	1. PLACE OF DEATH COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY Manyland Prince GEORGES					
ľ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
4	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	Brentwood *4					
	OR INSTITUTION Prince Georges General Hospital:	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO					
	3 NAME OF DECEASED (Type or print) Wilmon William Monthly Monthly M. P.	Lost 4. DATE Month Day Year					
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS					
	Male White WIDOWED DIVORCED	3-29-87 TO 77 yrs Months Days Hours Min					
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired US Government Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucy Cole							
							[Yes, no or unknown] (If yes, give war or dates of service)
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]						
	PART I DEATH WAS CAUSED BY. Cardiac tamponade secondary to ruptured myocardial hour						
	720,1 DUE TO infarct.						
		t coronary artery 1 week					
ı	gove rise to immediate couse (a), stating the under- lying couse last (c) Coronary arterioscleratic heart disease years						
Ì							
	COATR	PERFORMED? YES NO					
	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)					
	Hour o. m. 19 While Not while of work of work	LACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) actory, street, office bldg., etc.)					
	21. I certify that I attended the deceased from. No.	1957, ta much, 1920, that I last saw the deceased					
	alive on much 15, 1958, and that death	accurred at 12:55_M, from the causes and an the date stated above.					
	SIGNATURE Lylemen & meller	ADDRESS (Street, city or town, stole) M.D. 3824-34 At Mt Rainer 3/16/58					
	PHYSICIAN'S NAME (Type) Ir. B. Miller	wa					
	Possibly Burial (Specify) March 19, 1958 Fort Lin	or CREMATORY 22d LOCATION (City, town, or county) (Stote) ncoln Cemetery Colmar Planor, Md.					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE					
Į	F. Gasch's Sons Hyattsville	Md. DATE MAR1 9 '58 Que					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenpage 3 should retached for use as the burial-transit permit. Then ples
the registrar proof to burial, cremation, ar removal, and in any event with

VS A15 (4) 15M 10/57

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funeral director,	old be fied with
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ding physician an	iase remove carban papers.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3640 **CERTIFICATE OF DEATH** Reg. Dist. No. A 2 に ツツ

o COUNTY Prince George's MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE aryland b COUNTY Prince Georges				
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				
College Park, Md. 10 years	/ College Park, Md.				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE				
4709 Amherst Rd	4709 Amherst Rd ON A FARM?				
3. NAME OF First Middle					
DECEASED	King Lost A. DATE Month Doy Year DEATH March 19, 1958-19				
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS				
male white widowed Divorced	Oct 26, 1884 Oct 26				
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY Retired USA					
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
Theodore King	Nellie White				
Plan to or unformed . Of the state of the st	NFORMANT Address				
(Yes no or unknown) (If yes, give wor or dates of service) 577 05 8039A Ma	ary Quinn King College Park Maryland.				
33/A DUE TO	PASCULAR ACCIDENT 2 DAYS PETTERIOSCLEROSIS ? YFARS				
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO				
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)				
21. I certify that I attended the deceased from 3/17					
alive an 3/19 1958, and that death	occurred at 5 200 M, from the couses and an the date stated above.				
	ADDRESS (Street, city or town, stote) DATE SIGNED				
SIGNATURE Co Tomo il ducce	action to the contract of the				
SIGNATURE	MD. 4306 GOALEGE 1, VE S/20/30				
PHYSICIAN'S NAME (Type) CILOUIS MENDEL	COLLEGE PARK MA				
220. BURIAL, CREMATION. 22b. DATE THEREOF PEMOVAL (Specify) 2/22/58 Cedar Hill	Cemetery 22d location (City town or county) (Stote) Suitland Md.				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
F. Gasch's Sons Hyattsville Md.					



A W UABRUR

equires that the death ce	, ,	signed by the attending	it permit. Then please re	of in any avenue within 70
PHISICIAN: The low of	tal ar attending physicia	this certificate has been	ar use as the burial-transi	no leasoner to contempor
1 O HOSTIAL OF ALICHOING PHINICIAN: The low requires that heath certificate be executed within 24 hours after death. Par	and be retained by the hospital ar attending physician.	TO FUNERAL DIFFE R: After this certificate has been signed by the attending physician and campletely filled in by 16 funeral direc	page 3 shauld a ched far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2. Arbo filed	registron prior to burief cri
	E	0	8	+

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3676 **CERTIFICATE OF DEATH**

03678

			Kag. C	PIST. NO.
1. PLACE OF DEATH O COUNTY	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived (f institution Reside	ence before admission)
Prince Georges		Maryland	Prince Ge	orges
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 1b		utside corporate limits, write RURAL and	give nearest town)
Cheverly	Days	- Bladensbu	urg.	
d. NAME OF HOSP TAL (If not in hospital, give street of OR INST TUTION	address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Prime Georges General		الراك ماراك ماراك	or St.	YES NO P
3 NAME OF First DECEASED (Type or print) Howard	Middle W_	Kline	4. DATE Month OF DEATH March	Doy Year 19. 19.58
		B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS
Male White WIDOWE	D DIVORCED	6+30-09	lest birthday) Months	Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUS	TRY 11. SIRTHPLACE (Slote	or foreign country) 12. C	ITIZEN OF WHAT COUNTR
during most of working life, even if retired D.	C. Government	t Maryl	and [JSA
13 FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
John Kline		Annie V. F	rench	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16.]	SOCIAL SECURITY NO 17. IN	FORMANT	Address	
no	No.	ellie V. Kli	ne Bladensbur	rg. Md.
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		Neumonia	BILATERAL	ONSET AND DEATH
MMEDIATE CAUSE (o)	0,4			U driys
	Phanna	Tic Henn	T Disense	5 years
Conditions, if any, which gove rise to immediate (b)	11 Med III	1 1 0 1 1 1 1 1 1	1 21-(43)	O y Chica
cause (o), stoting the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C 149 / X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT I(o) 19. WAS AUTOPSY PERFORMED? YES 12 NO
200 ACCIDENT WAS UNDERLYING 206. DESC	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	ort I or Port II of item 18.)	1.0000
• •				
	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
Hour e. m. While p. m. 19 of work		ory, street, office bldg., etc.		,
21. I certify that I attended the decease	2 11 /	1958 to 3	119 105 % 16-11	last saw the decease
alive on 3/19 195	and that death		M, from the causes and on	tast saw the decease
	, and mor deam		LOW, 110th the causes and on a ADDRESS (Street, city or lown, state)	ine date stated abov DATE SIGNI
SIGNATURE MATERIAN DEMO	1 (youran	3503	PIERRY ST	DATE SIGNE
PHYSICIAN'S NON FINAN DO	NAT (Emen	u mToo	Priviennia	3/19/5
20 BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OR		22d LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) Burial 3/22/58	Fort Lincoln	Cemetery	Colmar Manor, Md.	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			
B1	tsville Md.	Z4G MAA	BY REGISTRAR 246 REGISTRAR'S SI	- /



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission tary, please tion. Page pur files. of Health, a COUNTY o. STATE Marvland b. COUNTY Ann Arundel Prince Georges MARVIAND b. CITY OF TOWN III outside corporate lim to write \$11844 C TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate l'mits, write RURAL and give nearest town) and nive people. Inwa-Glen Burnie Cheverly D.O.A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS retoined restore Bo 508 Baylor Road. Prince Georges General Hospital 3. NAME OF DATE Month DECEASED (Type or print) 3 to 1. moy be r with the Lehage DEATH March Joseph Ahe 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 5 SEY 9 AGE In van a IF LINDER TYPAR IF UNDER 24 HRS Months WIDOWED [Mala White DIVORCED [50 0 foge 5 100. USUAL OCCUPATION (G ve kind of work done 10b. K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or fore an country) 12 CIT ZEN DE WHAT COLNTRYS during most of working life, even if retired) Nat'l Security Agency Analyst Give Poges 1, the form PM3. P. File poges 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abe Lahage Prieda Hobaica 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Ill was own wor at datar of recursor e. G with f Edmind P. Lahage: same address as # Yes s Office along w 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY-Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO Fractured skull and crushed chest Canditions, if any, which gave rise to immediate cause **DUF TO** (a), stating the underlying o course lost. pending cal Exam PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Shorfd Medical Eshoufd be used 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH. Operator of an automobile in collision with a bridge abutment 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) 20c TIME OF INJURY Month, Day, Year Chie (County) factory street affice bldg retc) VED! While Nat white at work of work ting the Greenbelt 2). I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry ... 000 de III opinion death resulted from: Natural couses . Accident . Suicide . Homicide Undetermined manner MEDIC ACTUAL CHIEF MEDICAL EXAM NER SIGNATURE ASSISTANT MEDICAL EXAMINER March 18: **EXAMINER'S** should I DEPUTY MEDICAL EXAMINER NAME (Type) John T. Maloney, M.D. 220 BL RIAL, CREMATION, 1226, DATE THEREOF 122c NAME OF CEMETERY OF CREMATORY 72d LOCATION (City, lown, or county) ransportation 3/19/58

Hingham

VS. A15ME 5M 2757

0

23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** F. Gasch's Sons Hyattsville, Md.

24o REC'D BY REGISTRAR

Massachusetts

24bcREGISTRAR'S'SIGNATURE

e IS RE DENCE

YES INO

10

Hours

U.S.A.

SINTERNAL RESIDERS. ONLES AND DEA H

PERFORMED?

Md

DATE SIGNED

and in my

NO DE

(Stote)

Down

ON A FARM?

58



DATE

VS. A15ME 5M 2/57

BUREAU V. E.

FOR STATE HEALTH DEPT.

your files.

I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessory please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be proded to the Chief Medical Examiner's Office means with form PM3. Page 5 may be retained your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Cost of Health, ar its designored agent, priar to burial, cremation, as remayal, and in any event within 72 haars after death

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3645DICAL EXAMINER'S CERTIFICATE OF DEATH Reg.

		- 4	Ŧ	2	C	8	1	
 Dist	Na	- 1	1	1)	U	\bigcirc	Ą	

1.	MACE OF DEATH a. COUNTY D. C. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o STATE TO make b COUNTY
-	Prince Georges MARYLAND	T. TOT TOR
	b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest fewn)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
-	Oak Crest, Laurel, Md, 1 days	Fort Lauderdale
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
	Spruce and Washington Boulevard	1333 N.E. 2nd Avenue
3	NAME OF First Middle DECEASED	4. DATE Month Day Year OF
2	The first of the f	DEATH March 20, 19 58
13		lost birthdoy) Months Days Hours Min.
1	Male Wilte WIDOWED DIVORCED DI	RY 11 BIPTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
1	during most of working life, even if ret red)	
	Retired P.B.X installer Telephone Co.	14. MOTHER'S MAIDEN NAME
1	Unknown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. II	Unknown NFORMANT Address
	(Yes, no. or unknown) (If yes, give wor or dates of remite)	
=	18. CAUSE OF DEATH [Enter only one cause per line for (c), (b), and (c).]	arol_JHildreth; same_as # 2.
	MANY A PRINTED BY	ONSET AND DEATH
	1442 X DUE TO ACUTE CONSEST.	ive heart failure
	500.10	renal disease
	gave rise to immediate cause	A SHET GIDORDS
	(a), staling the underlying Course tast.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO	PERFORMED?
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED IN	Enter nature of injury in Port I or Port II of item 18)
- 11		
	E	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stale) ory, street, office bldg, etc.)
	Hour a.m. While No! while to work of work of work	911 11001 01100 01091 010 1
	21 I certify that I took charge of the remains described abo	ove, held an Autopsy 🔲, Inspection 🔼, Inquiry 🔼, and in my
	opinion death resulted from Natural causes 🖳 Accident	, Suicide , Homicide . Undetermined manner
	0/-0/	DATE SIGNED
	SIGNATURE John J. Maloney	M.D. CHIEF MEDICAL EXAMINER
,	EXAMINER	ASSISTANT MEDICAL EXAMINER [] March 20. 1958
	NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER
1	220 BURIAL CREMATION 226. DATE THEREOF 220 NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, of)county) (State)
	Bund March 24 1958 Landers	ale Mem ach, C'art Fanderdale Clared
2	23 FENERAL DIRECTOR'S SIGNATORE ADDRESS	DATE AR 2 6 '58 CUS STRAK'S SIGNATURE
	well Moradaan received	DATE DO DE PERIODE



ADDRESS

03682

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) b. COUNTY c. CIDY OR TOWN (If outside comporate limits, write RURAL and give neares) town). ON A FARM YES NO Month Year 195 IF UNDER I YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? 2 Address INTERVAL BETWEEN ONSET AND DEATH and WAS AUTOPSY PERFORMED? YES NO D (County) (Stote) ., 1958, that I last saw the deceased and that death occurred at 6.05 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) St. John's Cemetery Beltsville, Maryland 24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

DATE

MAR 1 0 '58

1SM 9/55

Buria

23. FUNERAL DIRECTOR'S SIGNATURE

3/8/58

F. Gasch's, Sons Hyattsville Md.





		_		ATE DEPARTM	LENT OF HE	EALTH-	-BALTIN	10RE, 18		50.00
		36	80	CERTIFIC	ATE OF D	EATH		Reg.	Dist. No.	4918
) 1.	PLACE OF DEATH				2 USUAL RESIDE	ENCE (Where	deceased live	d. If institution Res	idence before ad	imission)
	P	rince George		MARYLAND	9.6	arylan	ıd	Prince	Georges	3
	b CITY OR TOWN RURAL and give	(If outside corporate fimil nearest lown)	s, write c l	ENGTH OF STAY IN 16	c. CITY OR TO	DWN (If ouls	ide carparole l	imits, write RURAL o	and give nearest	lown)
		verly		2 days	7.71		CHYOCK TO	xxx Distr		
	OR INSTITUTION	TAL (If not in hospital, gi	ive street addr	PSS}	STREET AD	DRESS			1 0	RESIDENCE N A FARM?
-		<u>ce Georges (</u>			1 7705	Alpir			YE	8 NO
3	NAME OF DECEASED	Firs	il	Middle	Last	4	OF DATE	Month	Day	Yeor
_	(Type or print)	Baby		Girl.	Lewis		DEATH	Mar	17	19 58
5	SEX		The second second	NEVER MARRIED	B. DATE OF BIRTH		9. At	GE (In years IF UN st birthdoy) Mant	DER I YEAR IF U	
	Female	MILLOO	WIDOWED [·	15 Mar			yrs	x2	
10	during most of wo	ION (Give kind of work or rking life, even if retired)	kone 10b. KINI	OF BUSINESS OR INDU	ISTRY 11 BIRTHPLA	CE (State or	foreign country	12	CITIZEN OF W	HAT COUNTRY
-	None					yland				
13	FATHER'S NAME				14 MOTHER'S N					
	William	Floyd Lewi				raldir	ie Anne	Moureau		
	(et. no. or unknown)	ER IN U. S. ARMED FOR		IAL SECURITY NO 17	INFORMANT			Address		
L										
		ATH [Enter only one con ATH WAS CAUSED BY:	use per line for	(o), (b), and (c).					INTERVA ONSET A	L BETWEEN
	tyezz	IMMEDIATE CAUSE (o)	0.	remele	uly			<u> </u>	1-6	days
	1/5X	DUE TO			~					4
	Conditions, if									
	couse (a), sloting	the under- DUE TO								
z	fying couse last	101		Including to act and he	F MOT DELL'ITE VO	TAIL ALD A (1) 14				NAC AND CORE
CATION	PART II. U	THER SIGNIFICANT CONT	NIION2 COM	MISOTING TO DEATH BO	NOI RELATED TO I	IME TERMINA	L DISEASE COI	NUTTON GIVEN IN	PE	REORMED?
2013	200 ACC DENIT VA	AS HINDERIVING D	30h DESCRIPT	HOW INJURY OCCURR	ED /Feter acture of	ioiusu io Pos	t I or Port II of	Ham 18 1	YES	NO
CERTIFI	OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	AND DESCRIBE	. HOW INJURY OCCUR	to fruies unions of	injury in rui	I I de Fair II oi	nem is j		
CALC	1.		204 (511)18	Y OCCURRED 20e. P	LACE OF INJURY (He	ome form	206 (Cib. o. to		15	(State)
MEDIC	Hour o, m,		While	Not while fi	ctory, street, office b	bldg., etc.)	zor. (City of It	3411)	(County)	(2)die)
₹	p, m,	19	at work	ol work			2 / -			
	21. I certify t	hat I attended the	deceased 1	. /	19.2.3.	to	117	, 19.17,tha	t I last saw I	he deceased
	alive on	3/1/	12-6	,,, and that deat	occurred ald	-		e causes and o	n the date s	
	2	r na .	R	No.		AD AD	DRESS (Street,	city or lown, stote)	3	DATE SIGNE
	ACTUAL SIGNATURE	Man	1 Voli	- Out-	M.D 614	<u> </u>	which	177		11 456
	PHYSICIAN'S					di dus	P 11.	1		
	NAME (Type)	Dr. William		nin M.D	47	70001	1	Le/		
	O BURIAL, CREMATH REMOVAL (Specify			. NAME OF CEMETERY			V	(City, town, or coun	nly)	(Stole)
	rematión FUNERAL DIRECTO	1 1/15/58	The contract of the contract o	ince George				heve ly.		
23	SUPPLIE	KS SIGNATURE	1/2	- male b			BY REGISTRAR	24b REGISTRAR'S	SIGNATURE	
L	Harry W.	Pehr Jr.	/Adnin	tstrator /	t	DATE	8 '58	13191 60	uch	
	/	/ /		:/ /		APRI	-	- ·		

BUREAU V. S.

APR 18 100

DECENAED

FOR STATE HEALTH DEPT.

s necessary, please of director. Page of fryour files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a execute the cert ficate, mitting the word "penging" in pencil in Item, 18. Give Pages 1, 2, and 3 to the functal should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL IOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State 8 or its design... begant, print to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03683

.2001	with the second		Reg. Dist. No.
I. PLACE OF DEATH O COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased I'ved. If institute of STATE Dist. of Col. b COUNT	
b CITY OR TOWN (If outside corporate Limits, will a RURAL and give necrest fower). Cheverly	D.O.A.	c CITY OR TOWN (If ours de carporate limits, write Washington	RURAL and give nearest town)
d NAME OF HOSPITAL OR INSTITUTION (If not in he		d STREET ADDRESS	e IS PES DENCE
Prince Georges General	Hospital	3014 Adams Street, N.1	YES NO
3 NAME OF DECRASED (Type or print) James	/incent Lill:	Lost 4. DATE Montl OF DEATH March	Day Yeor 19 58
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ED DIVORCED D	Mamah 20 1865 101 52	Months Days Hours M.n.
100 USUAL OCCUPATION (G ve kind of work done 10b			STITTLE OF WALL COLUMN
during most of working life, even if retired)	Steel construct:		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1
James Frank Lillis		Mary Milan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16] [17 yes, give war or dates of service)		iften R. Weir; 3602 Bunker	
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cute_congestive	heart failure	
442 X DUE TO			
Conditions, if ony, which (b)	lardiovascular_1	renal disease	
gove rise to immediate cause (a), stelling the underlying (DUE TO			
coure last.	desiration to perfect the second second	and the same of the same of the same	1
PART II, OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIV	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M
	BE HOW INJURY OCCURRED (E	nter nature of injury in Part I or Part II of Item 18)	
☐ Hour a.m. Whi		E OF INJURY (Home, form, 20f (City or town) rry, street, office bldg., etc.)	(County) (Slote)
21. I certify that I took charge of the	remains described above	ve, held an Autopsy 🔲, Inspection 🚺	Inquiry K. and in my
opinion death resulted from: Natural	causes], Suicide [], Homicide [], Undete	rmined manner
SIGNATURE JAMES TO MA	lenus_	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S John T. Madoney	M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	arch 24, 1958
220. BURIAI CREMATION, 226 DATE THEREOF 3/28/58	22c. NAME OF CEMETERY OF Arlington Nat		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS tsville Md.	240 REC'D BY REGISTRAR 245, REGISTRAR 245, REGISTRAR 25 198	
		MAN 2 0 do	Alter Willed



BUREAU V. E.

82917.9\$: 8AM

VS A15 (4) 15M T0/57

31.

F. Gasch's Sons

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3682	CERTIFIC	ATE OF DEATH	1	03584
			•	Reg. Dist. No.
1. PLACE OF DEATH COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived If institution and b COUNTY	Res dence before admission) Prince George 's
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUR	(AL and give nearest town)
RURAL and give nearest lown) Cheverly Md		V Land		
d NAME OF HOSPITAL (If not in hospital, give street	ddress)	d. STREET ADDRESS		e. IS RESIDENCE
Prince Georges General	Hospital	/	F. D. 2	ON A FARM?
3. NAME OF DECEASED [Type or print] Carol	Middle Sue	Martin	4. DATE Month OF DEATH Marc	ch 28 19 58-
female 6 COLOR OR RACE 7 MARR White WIDOW	IED NEVER MARRIED A	8. DATE OF BIRTH Nov 29, 19	lost highdowl	FUNDER I YEAR IF UNDER 24 HRS Wonths Doys Hours Min
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	KIND OF BUSINESS OR INDU		or fareign country)	U S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Ernest W. Martin		Charlotte	L. Mc. Kay	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 117	INFORMANT	Addres	
(Yes, no, or unknown) (If yes, give wor or dates of service)	none C	harlotte L.	Martin Lando	over Md.
PART I. DEATH Enter only one cause part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	Mastrul	nia 4.7	ravie	INTERVAL BETWEEN ONSET AND DEATH OCH 15 A
Conditions, if ony, which	•	//	A	4/20/00
gave rise to immediate couse (a), stating the under-	ralycisof	Murles	if Kister	elian 3 fr8
Pam II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in P	art t or Part II of Hem 18.)	
20c TIME OF INJURY Month, Doy, Year 20d In Hour o.m., p. m 19 while of worl	Not while to	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f (City or town)	(County) (State)
21. I certify that I attended the decease	ed from KARC /	196.6 to 2	128 1058	that I last saw the decease
alive an 714 19	27/			d on the date stated above
ACTUAL SIGNATURE POLICY	Hellet		ADDRESS (Street, city or town, sto	
PHYSICIAN'S Robert RT	4ctte1	11	12 hit	Fton (
220. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, or o	county) (Stote)
Burial (Specify) 3/31/58	Fort Lincol	n Cemetery	Colmar "and	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY PEGISTRAP 245 PEGISTR	

Hyattsville, Md.

DATE MARS 1 '53

SSGI IS S.

BUREAU V. S.

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be carded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health, or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death. M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03685

	The second secon						K49. Dist. 140	
	PLACE OF DEATH					(Where deceased fived If		
	Pr:	ince Georg	518	MARYLAND	o STATE Maryl	ana	Prince (ieorge's_
	b. CITY OR TOWN (If a and give necrest town)	sufside corporate limits, writ	RURAL 'C. LE	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give n	earest town)
	Cheverly		Des	d on arriva	1 Hillcre	st Heights		
	d NAME OF HOSP TA	L OR INSTITUTION (t not in hospital, c	give street oddress)	d STREET ADDRESS			a IS RES D. N. TE
	Prince Geo	orge 's Gene	eral Hosp	ital	5705 22	nd Avenue		YES NO R
3,	NAME OF	Fir	př	Middle	Lost	4 DATE	Month Day	Year
	DECEASED (Type or print)	Lloyd	- 16 to	Mayber	ry	DEATH MAT	ch 20	1958
5,	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED [8	DATE OF B RTH	9. AGE (In ye		IF UNDER 24 HRS
1	Male	White	WIDOWED [DIVORCED [January 1	0, 95 63 63	yrs. Months Doys	Hours Min
100	USUAL OCCUPATION	N (Give kind of work	done 10b, KIND C	F BUSINESS OR INDUST	RY 11 BIRTHPLACE (STOP	e or foreign country)	TIZ CITIZEN O	F WHAT COUNTRY?
	during most of working Pressmer		Bureau	of Engravi	ng New Je	rsey	U. S.	A.
13	FATHER'S NAME		1		14. MOTHER'S MAIDEN	NAME		
	Charles May	yberry			Lillie	Winter		
15	WAS DECEASED EVE			L SECURITY NO. 17 M	IFORMANT	Ac	Idress	
[10	Yes	W.W. I	service)	An	ita Giles M	ayberry, sam	e as # 2	
4	18 CAUSE OF DEATH	H Enter only one cou	se per line for (o)	, (b), and (c).]			TINTE	tyas BETWEET
	PART I DEATH	WAS CAUSED BY:	Acute	congestive	heart failu	re	Olyse	HTA10 DPATH
	4	IMMEDIATE CAUSE (6)						
	442X	DUE TO	Cardio	wascular re	mal disease			
	Conditions, if on gove rise to immedi		081 410		THE CAPORDO			
	(o), stating the u							
	couse lost.) (c)						
No.	PART II, OTHI	ER SIGN FICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERM	WINALDISEASE CONDITION	GIVEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED?
3								YES NO
CERTIFICATION	200. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	6 DESCRIBE HOW	INJURY OCCURRED (E	nter nature of injury in Po	ort I or Port I) of Item 18)		
AL C			Tool stilles	OCCUPPED TOO TO				
MEDICAL	Hour o. m.	Y Month, Doy, Ye	While	Not white facts	CE OF INJURY (Home, for ory, street, office bldg, et	c.)	(County)	(Stote)
×	p. m.	19	of work	of work				
	21. I certify the	at I took charge	of the remai	ins described abo	ve, held an Autop	sy [], Inspection	🔟, Inquiry 🔀	, and in my
	opinion death r	resulted from:	Natural cause	🗷 🔼 , Accident [], Suicide [],	Homicide [], Un	determined monne	er 🔲
	[[. 111	5				
	ACTUAL SIGNATURE	77200	1 77	Jan 1	M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
		·	1	2	ASSISTANT MEDI	CAL EXAMINER 🔲		
	EXAMINER'S NAME (Type)	James I. B	oyd		DEPUTY MEDICAL	L EXAMINER	March 20,	1958
220	. BURIAL CREMATION	1 226 DATE THEREC	F C 22c. N	NAME OF CEMETERY OR		22d LOCATION (C ty, to	own, or county)	(Stole)
	BUFIEL	3/24/	1958 For	rt Lincoli	n Cemetery	Prince Ge	orges Cou	nty, Md.
- 44	FUNERAL DIRECTOR'S			ADDRESS			REGISTRAR'S SIGNATUI	RE
	The S.T.H	lines Co.	2901 Washin		Ne W DATE	AR 2 4 '58 U	threat in	
			. WELLIAM	gron y.D.		. 1		

VE ATEME 5M 2 57 0

BULLAN Y, S.

8387 7 - 8V

O DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

ME VEDELY

BUREAU V. S.

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

03687

Reg. Dist. No.

1	1. PLACE OF DEATH COUNTY Prince Georges MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY Prince Georges							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Rainier 16 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Rainier							
	d NAME OF HOSPITAL (if not in hospitat, give street oddress) OR INSTITUTION 4209 Russell Avenue	d street address 4209 Russell Avenue o is residence on a farm? yes \(\) No \(\)							
		PHAUL 4. DATE March 7th, Doy Year 19 58							
	Male White WIDOWED DIVORCED	B. DATE OF BIRTH P. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Soft buildoy) Months Doys Hours Min.							
}	Railway Mail Cierk U.S. Post Offic	STRY 11. BIRTHPLACE (Stole or foreign country) Ce Washington, D.C. USA							
	John McPhaul	14. MOTHER'S MAIDEN NAME Frances Fitzwilliam							
		NFORMANT S. Kathryn McPhaul, 1434 Harvard St. N. W							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate (b) Arterlogieratic heart disease									
	couse (o), stoting the under- lying couse lost. DUE TO ARTELIOS CIETOS Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	is, general 's							
L	CATK	PERFORMED? YES NO E							
	OR CONTRIBUTION DI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)							
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for While Not white of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)							
	21. I certify that I attended the deceased from Pril 8 alive on MAR 7, 1258, and that death ACTUAL SIGNATURE OF THE BRENNAM A. PHYSICIAN'S John F. Brennan, Jr.	occurred at 1/15 D.M. from the causes and on the date stated abave. ADDRESS (Street, city or town, store) DATE SIGNED M.D. LOHN To DRENNAN LR, M.D. 3/15 3425 12 St., N.E. WASH. 17, D.C.							
	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL BURIAL BALLNGTON	NATH FT MYER, VA.							
	23. FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers Company, Washington,	D.C. 249. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							

UNIVERSE IL PAI:

VS A15 (4) 15M 10/57 M

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18	
3684	CERTIFICATE	OF	DEATH		

03688

	2003				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	71	MARYLAND	2. USUAL RESIDENCE (WHO, STATE	nere deceased lived. If institution b. COUNTY	: Residence before admission)
	George		Md		Prince corgo
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write RUI	RAL and give nearest town
	rly, Md	3Months 27	Davs Seat Pl	easant, Md 🦠	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d STREET ADDRESS		e. IS RESIDENCE
Prince	George General	Hospital	612-62nd Pl	ace	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Katheri n	Middle E.	Melowic K	4. DATE Month OF MATC	
s. sex Female	6. COLOR OR RACE 7 MARK	HED NEVER MARRIED	B DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
during most of work	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE Proje	St foreign country)	12 CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME	0		14. MOTHER'S MAIDEN I	NAME /	
Minthy.	mery Da	litter!	110	nknitan	
	R IN U. S. ARMED FORCES? 16. (If yes, give well or dates of service)		Malter Melowic	h(Husband) Sar	me as above
18. CAUSE OF DEA	ATH [Enter only one couse per li	se for (a), (b), and (c) 1	A.	7,	/ INTERVAL BETWEEN
	ATH WAS CAUSED BY		is see. for	lat. herdrot	ONSET AND DEATH
/ 1X	DUE TO	^	1	U	
Conditions, if o		u Carcin	ma sh to	uant è ma	1201
gove rise to incouse (o), stoting		China	è lan	un attack	
lying couse lost.	(c)	1 . www.			
PART II OTH	HER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BU	JI NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port F or Port II of item 18)	
Hour o.m.	While	Not while	PLACE OF INJURY (Home, form octory, street, office bldg., etc	20f. (City or town)	(County) (State)
ξ p, m,	ly of wor	k of work		1 0	
21. I certify th	at I attended the deceas	ed from OCC .	\neq 19 $\sqrt{2}$, to $\sqrt{6}$	101 7/ , 19 F.S.	that I last saw the decease
alive an	pr. 3/ /19.	J.S., and that deat	th accurred at <u>8:55</u>		d on the date stated above
ACTUAL SIGNATURE	Arrich. For	miles	MD. 310' El	ADDRESS (Street, city or town, at Mundel R	DATE SIGNE
PHYSICIAN'S / NAME (Type)	RUIN M. G	PRASSGRE	EN UD.	mi Kas	iner led
220 BURIAL, CREMAT O		22c NAME OF CEMETERY L'INC	OR CREMATORY OIN	Zadocation (City, Iown, or	county) (State)
23 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	240 850		RAR'S SIGNATURE
bonhoes	Low Leigh Ma	19. AVEN & 1180		FR 3 156 Ple	Leauch

DECEIVED S 1823

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Files. Health, e. COUNTY Prince George's O. STATE b. COUNTY Prince George's Maryland MARYLAND b. CITY OR TOWN I'l outside corporale timits with RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest lown) Riverdale D. O. A. / Hyattsville d NAME OF HOSPITAL OR INSTITUTION (If not in hosp tot, give street address) STREET ADDRESS ON A FARM? Leland Memorial Hospital 4000 Quantana Street YES NO IX 3. NAME OF First DECEASED Russell Ernest March 6th. 1958 (Type or print) Menzer DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HES 39 yrs. Months Days Male White March 14, 1918 Hours Min WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Agent

Teamsters Union

Washington D.C. Page ! 12 C TIZEN OF WHAT COUNTRY? Teamsters Union Washington D.C. U.S.A. Sive Pages | farm P.M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard E. Menzer Bertha R. Ferrell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, ne, er unknewn) Ora T. Menzer Same as 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) along INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (0) Office ルイベト DUE TO Conditions, if ony, which Cardiovascular renal disease gove rise to immediate couse pending" in p **DUE TO** (e), stoting the underlying O couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used PERFORMED? Chief Medical E should be used to burial, crem 0 NO-200. EXTERNAL CAUSE WAS PRIMARY TO BE CONTRIBUTING TO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fart I as Fart It of Item 18) CAUSE OF DEATH. the wo 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) Not while writing to the at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection II., Inquiry . orded CTOR: apinion death resulted from: Notural causes 🔼 Accident 🗍 Suicide . Hamicide . Undetermined manner MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER T SIGNATURE be. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Should FUNERA John T. Maloney, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER TO March 7. 1958 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Fort Lincoln Cemetery Colmar Manor . Pr 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUR Riverdale. VS A15ME W.W.Chambers Company. 5M 2757

BESCH IN SALES WAS A SALE OF THE SALE OF T

<i>X</i>				- North
FOR				March St.
CHOR	51	Al	E	
HEALT	H	DE	PI	Γ.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 21 Bours after doubt. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for form files.

TO FUNERAL DIR MOR. Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State 80 or 18 Mealth, at its designated agent, prior to buriel, cremation, or removal, and in any event within 72 hours after death.

Ju.

MARYLAND	STAT	E DEP	ARTME	NT OF	HEALTH	-BAI	TIMORE,	18
MEDICA	AL EX	KAM	INER'S	CERT	IFICATI	OF	DEATH	

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 Dist	h1	IJ	Ü	U	3	Ţ	l

	2600							Reg. Di	st No.	5000
1. PLACE OF DEATH	40.10.			2	USUAL RESIDENCE	E (Where dece	osed lived If institu	ution. Reside	nce before od	mission)
B. COCNT	Prince Georg	es	MARYLA	LND	a STATE Mary	land	b. COUNT	Mont	gomery	
b CITY OR TOWN and give negrest tow	Foularde corporale mile write	RURAL C	LENGTH OF STAY IN	Ь	c. CITY OR TOWN	l (If aviside co	rporate limits, write	RURAL and	give nearest	lown)
Cheverly	~j		D.O.A.		Laur	el				v
	TAL OR INSTITUTION (IF	not in hospiti			d STREET ADDRES	\$				RES DENT F
Prince G	eorges Gener	al Hos	pital		Box 46, R	oute 2	•			N A FARM
J. NAME OF DECEASED	First		Middle		Losi	4. DATE	Mont	h	Doy	Yeor
(Type or print)	Adolph	Sylv	rester	Mind	er,	OF DEATH	March	23,		1958
5. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years		YEAR IF UN	DER 24 HRS
Male	white	WIDOWED [DIVORCED [7-7-28		29 yrs.	Months	Days Hours	Min.
10a LSUAL OCCUPATI	ON (Give kind of work doing life, even if retired)	ne 10b. KIN	D OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (SI	ote or foreign	country)	12 CITI	EN OF WHA	IT COUNTRY
Mechanic	ng me, even a remed;		utomobile		Marylan	ıd			U.S.A	
13. FATHER'S NAME		pro-marile advantage .		14	MOTHER'S MAIDE	N NAME				_
Adolph	S. Minder,	Sr.			Alice	E. Duc	iley			
15. WAS DECEASED EN	VER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO.	17 INFO	RMANT		Address			~ »
Yes	Bet. W.W.2		77-34-6128	Dav	id Dudley	; Belta	sville, M	d. Co	usin.	
18 CAUSE OF DEA	ITH Enter Only Che couse	per line for	(a), (b), and (c)	=	•		Vien Ania		INTERVAL BET	
PART I. DEA	TH WAS CAUSED BY:	Hen	orrhage an	d sh	ock				ONSET AND	MATH
	DUE TO								1	
Conditions, if a	ony, which) (b)	Sho	tgun wound	of	arm and c	hest				
gave rise to imme (a), stating the	diate couse						~ ~~~~		 	
couse last.	(c)									
Z PART II, OT	HER SIGNIFICANT CONDI	TIONS CONT	RIBUT NG TO DEATH B	TON TU	RELATED TO THE TEL	RMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
PART II, OT									YES T	ORMED?
200. EXTERNAL CA	USE WAS 20b	DESCRIBE H	OW INJURY OCCURRE	D (Enter	noture of injury in I	Port I or Port I	I of item 18)			
PRIMARY TO OF CO	MIKIROIING TI	Shot d	luring a fe	milw	araument.					
3 20c. TIME OF INJU	IRY Month, Doy, Year	20d, INJ	URY OCCURRED 20e.	PLACE C	OF INJURY (Home, fe	orm, 20f. (Cit	y or town)	(Cau	nly)	(State)
20c. TIME OF INJU	3-23-58 19	While of wark	Not white	Hous	street, office bldg.,		brils. E	ma Aru	mdel	Md.
	hat I taak charge	-				(100.0m)	nspection D.			nd in my
	resulted fram: No		_		Suicide .		Undete	1 /		l in the
	/	0,0,0,0	A	,	Julicide [_],	(10))))(10)	olidele	iniliteo n	ionner [_]	
ACTUAL SIGNATURE	ahm D.	VII a	Consen	M	CHIEF MEDICAL	EXAMINER [1 .		DATE	SIGNED
STORE A		1100	The state of the s	M.	ASSISTANT MED	_		ch 23.	1958	
EXAMINER'S NAME (Type)	John T. Ma	lonev	M.D.//		DEPUTY MEDICA		- 2,000		2//0	
220. BURIAL CREMATIC	ON 226 DATE THEREOF		NAME OF CEMETERY	OR CRE			TION (City, fown,	or county)	ISI	ole)
Burial Specify	3/26/58		Cedar Hill				tland, Mo	-	1 m to - 4 m .	* .
23. FUNERAL DIRECTOR	R'S S GNATURE		ADDRESS		240 RE	EC'D BY REGIS	6 58 246. EG	THAR'S SIGI	NATURE	
F. Gasch'	s Sons Hya	ttsvi	lle, Md.		DATE	MAR 2	6 '58	The state of	Markette e a	
		4/			my / 1 F %		1_ ^#	7.46		

BUREAU V. E.

8261 88 AAM



executed within 21 Laurs after death. Tage 4 filed with rieral directar in by certificate has been signed by the attending physician and mampletely filled in a as the burial-transit permit. Then please remave carbon papers. Pages I amation, at remayal, and in any event within 72 hours after death. requirm that the death mertificate be burial, crematian, ar remaval, and in any mhed for use OR: After this TO FUNERAL DIRE TO HOSPITAL OR the registrar priva

MARYLAND	STATE DEPARTMENT OF HEAI	LTH—BALTIMORE, 18
3732	CERTIFICATE OF DEA	TH Reg. Dist. No. 03691
o. COUNTY-PILA CE JEON 4x	d. STATE	(Where deceased lived. If institution, Residence before admission) b. COUNTY FUNCATED THE S
		() outside corporate limits, write RURAL and give nearest town
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Suitland Nurs	ddress) / J. d. STREET ADDRES	
NAME OF DECEASED (Type or print) TO 11 CZL	CLEMENT THOOMS	4. DATE Month Day Year OF DEATH March 5 195 8
"Hale white WIDOWEL		9. AGE (In years lost birthday) Months Days Hours Min.
Oa USUAL OCCUPATION (Give kind of work dane of both kind of working life, even if retired)	OWN BUSINESS OF INDUSTRY 11. BIRTHPLACE (S	Hear yes Co ZLS.
William Vilo on	14. MOTHER'S MAIDI	dell, THATIV
[Yes, no, or unknown] [If yes, give wor or dates of service]		Hena Kedfich Mountain he
18 CAUSE OF DEATH [Enter only one couse per fine PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o for (o), (b), and (c).]	lene failure Thous
Conditions, if any, which gove rise to immediate	viralarbie Schero	his Cardio 5 years
cotse (a), stating the under-	renkar Honald	desilve /
3		ERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRED. (Enter nature of injury	
Hour a.m. While	JURY OCCURRED Not while of work 20e. PLACE OF INJURY (Home, factory, street, office bldg.	farm, 20f (City or town) (County) (Stote)
21. I certify that I attended the decease alive an March 5, 195	(7 /	My from the causes and an the date stated above.
ACTUAL SIGNATURE	4. HZ MO. 5 4 X L	ADDRESS (Street, city or fown, stole) DATE SIGNED 3/5/58
PHYSICIAN'S THE LITTER THE NAME (Type)	the total	
PERMOYAL (Specify) Burial 3/8/58	2c NAME OF CEMETERY OR CREMATORY Epiphany Cometery	22d. LOCATION (City, town, or county) (Stote) Forestville Md.

Epiphany Cometery
ADDRESS Md.

Ritchie Bros. Funeral Home, Upper Marlbone 11 1

Md.

Forestville.

246. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

VS A1S (4) 15M ■/SS

23 FUNERAL DIRECTOR'S SIGNATURE

BUREAU K. E.

8281 SI AAN.

DECEDAED

3687 **CERTIFICATE OF DEATH** 03692Reg. Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY ed STATE Land Prince George MARYLAND Prince George unerol b CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly days Washington, 23 NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? rince George General 5115 Shaday Side Ave. YES T NO K NAME OF First Middle Lost 4. DATE Manth Day Yeor Filled DECEASED 15 8 (Type or print) Dabid Murphy March DRFIL DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UMDER 24 HRS loss bathday) Months Days Mall e White WIDOWED [7] DIVORCED [7] yrs 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? ofter death. during most of working life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 50 physician 1 30 поуе hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECHRITT NO 17 INFORMANT Address attending p 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c)] WITERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH 3 darra Hanatic Coma 0113 **DUE TO** Cirrhosis of the Liver Conditions, if ony, which months fbt gave rise to immediate per DUE TO couse (o), sloting the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of stem 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 120f (City or town) Doy. 20d. INJURY OCCURRED Year (County) (State) factory, street, office bldg., etc.) 0. m While Not while al work of wark D. m 21. I certify that I attended the deceased from 195 that I last saw the deceased detoched and that death occurred at 2:50p M, from the causes and an the date stated above alive on O.S. ADDRESS (Street, city or town/state) DATE SIGNED ACTUAL RAL PHYSICIAN'S NAME (Type) FUNER/ 57 220. BURIAL, CREMATION, 27b DATE THEREOF 22c_NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown abod (State) EMOVAL Specify! 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE 1SM 10/S7

after death.

hours

24

within

certificate

the death

Phof

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission Prince George's Her. · Maryland b Printe George's MARYLAND b. CITY OR TOWN (II ou side corporate limits, write EURAL C LENGTH OF STAY IN 15 c. CITY OR TOWN (If auts de corporate limits, write RURAL and a ve nearest town) Seat Pleasant 100 Cheverly DaO.A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS. har funeral retained f e State Be death George's Hospital 30h Carmody Hills Drive 3. NAME OF First Month DECEASED STMON MUSHKAT March (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years) IF UNDER LYEAR | IF UNDER 24 HR 66 birthday) Manths. Male White WIDOWED DIVORCED I 40 CV 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Page : 12 CITIZEN OF WHAT COUNTRY? dung mest of working life, even if retired) Government THE REAL PROPERTY. hours after re Pages 1 rm P.M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TILE MUSHKAT ZALMAN 2806 32nd St., S. E. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT (Yarana auguanu) Washington, D. C. 28-6994George Lewin 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c).] ttem alon PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (6) 16 X **DUE TO** Office Crushed chest and fracture of the skull Conditions, if any, which gave rise to immediate coule **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY 200, EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) shoutd a Driver of an automobile that was in an head on collision 20c. TIME OF INJURY 20d INJURY OCCURRED | Zue PLACE OF INJURY (Home, form, 120f (City or town) (County) factory, street, affice bldg , etc.) 16 19 58 While of work at wark ing Seat Pleasant P. G. Addison Read 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ded O opinion death resulted from: Natural causes . Accident ... Suicide . Homicide . Undetermined manner ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER should FUNERA James I. Boyd DEPUTY MEDICAL EXAMINER IN NAME (Type) 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town for county) ISRAGL 0 " MINERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

S RESIDELICE

ON A FARMS

YES TO NO PA

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Hours Min.

INTERVAL SETWEE 4 ONSET AND DEATH

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DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

JE 'V UMEAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03694.. After copy CERTIFICATE OF DEATH death. Reg. Dist. No..... ter dez 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH ŧ, STATE COUNTY COUNTY MARYLAND hours write RURAL LENGTH OF STAY CITY (It outside corporate limits, write RURAL and give nearest fown) (If outside corporate limits: director, OR and give/heerest town! (in this place) TOWN TOWN 77 STREET (If rurel give location) HOSPITAL OR **ADDRESS** INSTITUTION OR within STREET ADDRESS (Middle) DATE (Dey) (Year) 3. NAME OF (First) (Last) DECEASED registrar by the PEATE (Typs or Print) 192 Certificate DATE OF BIRTH **IF UNDER 1 YEAR** IF UNDER 24 HRS SEX COLOR OR SINGLE, MARRIED. 9. AGE lest birthday WIDOWED, DIVORCED. . RACE Deys Hours Months (Specify) YIS. ⊆ 12. CITIZEN OF WHAT KIND OF BUSINESS BIRTHPLACE (State or foreign country) IDe. USUAL OCCUPATION (Give kind of work ¥ii filed COUNTRY? OR INDUSTRY done during/most of working life, even if permit. wighon filed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME completely physician. ARMED FORCES INFORMANT & ADDRESS certificale (If Yes, give wer or detes of service) (Yes, no, or unk.) MA and INTERVAL BETWEEN CERTIFICATION ONSET AND DEATH or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH æ physician death 88 **EMMEDIATE CAUSE** (A) use DUE TO ANTECEDENT CAUSE(S) requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE attending be retained by the hospital DUE TO STATING UNDERLYING CAUSE LAST. detached (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASE OR CONDITION CAUSING DEATH the tr 2D. AUTOPSY? 99 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION The law YES NO should 216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) executed OR CONTRIBUTING THE CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR assembly 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 211. HOW DID INJURY OCCUR? While Not while at work et work peen to 19 58, that I last saw the deceased certificate 8 and that death occurred at 112 CM, from the causes and on the date stated above alive on.. has certificate M.D 320 death DATE THEREO! NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION, 23. REMOVAL (SPECIFY) ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR DATE 110 ART



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EPT.). PLACE OF DEATH a. COUNTY	Prince Georges	14 4 6 W 1 4 L 17	SIDENCE (Where deced	

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased	
- COUNTY	lived. If institution: Residence before admission) b. COUNTY Pr. Geo.
	111 0501
b. CITY OR TOWN (II autiside corporate himits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autiside corporate himits, write RURAL c. LENGTH OF STAY IN 1b	rate limits, write RURAL and give nearest lawn)
Cheverly D.O.A. Bladensburg	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS	e IS RESIDENCE
Frince Georges General Hospital 5100 Annapol	Is Road YES NO
3 NAME OF First Middle Lost 4. DATE	Month Doy Year
	March 28, 1958
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 08. DATE OF BIRTH	AGE (In years IF UNDER 1YEAR IF UNDER 24 HPS
Male white WIDOWED DIVORCED 1 4-1-82	75 yri Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign coulduring most of working life, even if retired)	nity) 12. CITIZEN OF WHAT COUNTRY
Salesman Piano Mass.	U.S.A.
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	0.0.4.
M. chael Normyle Catherine	X 66 .
M, chael Normyle Catherine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT	Touthery,
[Yes, no, or anknown] [II] yes, give wor at dates of service)	Address
	Edgemore Lane, Bethesda,
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (c) Acute congestive heart failure	CHOCK WAS DEVIN
03	
Cenditions, if any, which gave rise to immediate couse	
(o), stating the underlying DUETO	
coure lest, (c)	
FART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C	
5	CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of	PERFORMED? YES NO X
200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of	PERFORMED? YES NO X
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CONTRIBUTIO	PERFORMED? YES NO 18.)
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CONTRIBUTIO	PERFORMED? YES NO Titom 18.)
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200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year White Nat white of work of two work of two work at work. 201. I certify that I took charge of the remains described above, held an Autopsy Institute of two works.	item 18.) (County) (State) pection , Inquiry , and in my
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year Nour e. m. P. m. 19 of work at work foctory, street, effice bidg., etc.)	item 18.) (County) (State) pection , Inquiry , and in my
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Farm, factory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Farm, factory, street, office bidg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy . Ins	item 18.) (County) (State) pection , Inquiry , and in my
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200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year You work of white of work of mount o	PERFORMED? YES NO X item 18.) r fown) (County) (State) pection X, Inquiry X, and in my DATE SIGNED
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year While of work of twork opinion death resulted from: Natural causes A. Accident Stonature Stonature EXAMINER'S John T. Malonex, M.D. 200. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter nature of injury in Part I or Part II of Part II	PERFORMED? YES NO X item 18.) r fown) (County) (State) pection X, Inquiry X, and in my DATE SIGNED
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200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year White of work at work opinion death resulted from: Natural causes Accident Stonature 201. I certify that I took charge of the remains described above, held an Autopsy Institute opinion death resulted from: Natural causes Accident Acc	pectian (County) (State) pectian (Nown) (County) (State) pectian (State) pectian (State) part signed March 28, 1958 ON (City, town, or county) (State)



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7		3734 CERTIFICATE OF DEATH Reg. Dist. No. 0.3.00
director iled.with		1. PLACE OF DEATH o. COUNTY PRINCE (ECREE MARYLAND) 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. STATE b. COUNTY
funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) FLIRAL - LAUREL VERR X
by 2	67	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. 15 RESIDENCE ON A FARM? YES NO 12
filled in ges 1 and		3. NAME OF DECEASED (Type or print) ANTON BERNARD CSTMANN DEATH MARCH 9 1958
슬		5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH WIDOWED DIVORCED 17 MAY 1895 62 yrs. 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	1	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 UTCHER 14 SAFEWAY HARKET WASH. D.C. 15 AFEWAY HARKET WASH. D.C.
ي کو تو	0	13. FATHER'S NAME ANTON CSTMANN [14. MOTHER'S MAIDEN NAME ELIZABETH NOTIE
ng physician remave car 72 haurs aft		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 19th, no or unknown (If year, give wor or dates of service) 577-22-6975 Wife: MARYC SAME ADPRESS
attendir n please within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORENARY CCLUSIEN MINISTRYAL BETWEEN ONSET AND DEATH MINISTRYAL BETWEEN ONSET AND DEATH MINISTRYAL BETWEEN ONSET AND DEATH MINISTRYAL BETWEEN
by the it. The		420.1 DUE TO Conditions, if any, which) (b) CORDNAIRY THRUMBOSIS 2 MINUTES
signed sit perm nd in ar		gove rise to immediate course (a), stating the under- lying couse last. DUE TO ARTERIO SI EROSIS YEARS
physicic as been ial-trans	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NOTE:
Ficate h the bur ar rem		206. ACC.DENT WAS UNDERLYING DON'T CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
al ar att his certif use as smatian,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
After Il After Il thed far rial, cre		21. I certify that I attended the deceased fram F6D 11, 1958, ta MITK 7, 1958, that I last saw the deceased alive on MAKCH 8, 1958, and that death accurred at 835 M, fram the causes and an the date stated above.
d by the R: ar to bu		ACTUAL SIGNATURE M.D. 402-MAIN ST- Lawel D. 3/1/5
retained (AL DI shauld strar pri	1	PHYSICIAN'S JOHN R. BUELL
may be FUNER page 3 :		220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City toyn, or county) (Stote) REMOVAL (Specify) 3/3/58 St Mays Cen. Lawel Mayland
S A15 (4) 5M 9/95	V	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
	4	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3591 CERTIFICATE OF DEATH

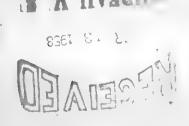
3691

Reg. Dist. No.

03699

	1. PLACE OF DEATH 6. COUNTY Prince George	MARYLAND	2 USUAL RESIDENCE (Where deceased lived 15 institution. Residence before odmission) 9. STATE 1. COUNTY ince George								
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
1	Cheverly	3 days	Capitol Hei	.ghts $^{\circ}$							
. Î	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS		1	e. IS F	RESIDENCE				
	Prince George General		426 - 62nd	Place			A FARM?				
	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Doy	Yeor				
ļ	(Type or print) Ralph		Palmer	DEATH	March	8th	19 58				
١	S. SEX 6. COLOR OR RACE 7. MAR	RIED 🗌 NEVER MARRIED 🔲	B DATE OF BIRTH	9. AGE	(In years IF UNDS birthday) Manths	ER I YEAR IF UN					
	Male White WIDOW		Oct-26.18	172 86	8570	Days Hou	rs Min				
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	ar foreign country)	12 0	ITIZEN OF WH	AT COUNTRY?				
1	13. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME							
ł	Unknown		Unkn								
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes no or unknown] [II yes, give war or dates of service)	SOCIAL SECURITY NO 17. I	NFORMANT	(ON)	Address						
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (o), stoting the under lying cause lost. Part II OTHER SIGNIFICANT CONDITIONS Part II OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Arteriosch itt ant	protie 18 Per ste NOT RELATED TO THE TERM	leart 4	riseas	ART 1(0) 19 WA	S AUTOPSY FORMED?				
	Haur o. m. While		ACE OF INJURY (Hame, farm ctary, street, office bldg., etc	n, 20f (City or low	n)	(County)	(Slote)				
	21. I certify that I attended the deceased from Fully. 20, 1958, to March 8, 1968, that I last saw the deceased alive an Murch 7, 1958, and that death accurred at 12:35p.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE M.D. Pri. Geo. Gen. Hosp., Cheverly, Md.										
	PHYSICIAN'S NAME (Type) Poter Dirug										
	220 BHAIAI, CREMATION 226 DATE THEREOF BEMOVAL Specify 12MAR 19	1720 NAME OF CEMETERY O	R CREMATORY //	22d LOCATION IC	ee CTY.	4	(ote)				
1	23 EUNERAT DIRECTOR'S SIGNATURE TLANE	ADDRESS / 8/6	- H ST DALL	AR 1 3 '58	246 REGISTAR'S S	SIGNATURE					

TOUREN K. E.



1	2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		2725 CERTIFICATE OF DEATH Reg. Dist. No. 036
loge director,	M)	1. PLACE OF DEATH O COUNTY Frince George S MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Pub b. COUNTY Frince George S
Ir Beath.		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL ON TOWN (If outside carporate limits, write RURAL and give nearest town)
b by	2	OR INSTITUTION Home
illed in jes 1 or		3. NAME OF DECEASED (Type or print) Lecuis James Parkers, Of DEATH 7772 24 1958
d within terety f		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
d comp		100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY AT THE FOREIGN COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country)
icion on		13. FATHER'S NAME John Parker Mancy Hebrun
certific ng physi remov 72 hou		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (190. no of uniform) 117 yes, give wor or dollar of service) 213-22-1253// 27wm Parker Address History Address
he d=th cottendir en pleose		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) OVONDAY OCC/45/ON 13.
d by the mit. Th		Conditions, if any, which (b) 14 perthension 10 4
remulre ion. n signe nsit per		cause (a), stating the under lying cause last (c) An Arthrous Clausis
the low physic has bee riol-tro moval,)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
tending ificote the bu		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.)
CHYSII ol or of this cert r use as emotion		20c. TIME OF INJURY Month, Day, Year Haur o. m, 19 While Not while at work at work at work 19 Day, Year Not while at work 19 Day, Year Not while at work 19 Day, Year Not while at work 19 Day, Street, office bldg, etc.)
After 1 After 1 After 1 Shed for		21. I certify that I offended the deceased from Mar 23, 1958, to Mar 24, 1958, that I lost saw the decease alive on Mar 23, 1958, and that death occurred of 5:30 A M, from the causes and on the date stated about
d by the		ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACT
retaine EAL Dir shoul	- 1	PHYSICIAN'S HENRY A. VIISE & Bowie mel
may be reto O FUNERAL page 3 shou the registrar		220. SURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. town, or county) (Stote) REMOVAL (Specify) 3/27/58 Holy Family Cometery Woodmore, Maryland
VS A15 (4) 15M 9/55		237-FUNERAL DIRECTOR'S SIGNATURE ADDRESS 30 H Street, N.E. DATE ARD 7 158 OUT - Company of the company of th
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH · COUNTY files. Heolth, CLENGTH OF STAY IN 16. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) , O d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO N 3. NAME OF Stat Middle DATE Month Year DECEASED (Type or print) DEATH DATE OF IF UNDER TYEAR 5. SEX 7- MARRIED 🗍 NEVER MARRIED 🦳 AGE (In yours Months Days DIVORCED USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? exen [tetired] 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT [II yes, give wor or dates of service] 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c)] CINSEL AND DEA (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions if any, which gave rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO L 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY (County) (State) factory, strad, office bldg., etc.) al work Inspection 21. I certify that I taak charge of the remains described above, bold an Autopsy and in my Accident P. Suicide . Homicide . apinion death resulted fram. Natural causes 1. Undetermined manner 5 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 0 ans **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR Inc. 1756 Gawler's Sons 5M 2 57

DEARMAN

8291 18 9AN

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FOR A 16-3

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

filed death. 몆 .5 á FUNERAL 0

DEALEST

BUREAU V. E.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death Page 4

by the hospital ar attending physician.

2008: After this certificate has been signed by the ottending physician and campletely filled in by etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, cremation, or remaral, and in any event within 72 hours after death.

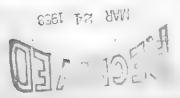
may be retained TO FUNERAL DIRE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3694

CERTIFICATE OF DEATH

03703

				Ket	J. DIST. NO.
1. PLACE OF DE.	Pr. Georges	MARYLAND	2. USUAL RESIDENCE (WHO D. STATE	ere deceased lived. If institution Re b. COUNTY	Pr. Genraes
RURALend	DWN (If outside corporate limits, writing give nearest town)	e. LENGTH OF STAY IN 16	E CITY OR TOWN (IF o	sutside corporate limits, write RURAL	
	HOSPITAL (If not in hospital, give stre	orial Hos	d. STREET ADDRESS 4708	Sheridan	e. IS RESIDENCE ON A FARM? YES NO KK
3 NAME OF DECEASED (Type or print)	Printer.	Rita Eul	a Price	4. DATE Month OF DEATH	19 19 58
5 SEX F	1 1.1	ARRIED NEVER MARRIED 🔀	8. DATE OF BIRTH	9. AGE (in years IF UI lost birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS oths Days Hours Min
100 USUAL OCC during most Typis	UPATION (Give kind of work done 10 of working life, even if retired)	b. KIND OF BUSINESS OR INDI Lenders Loan		or foreign country) 12	C. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA		Price	14. MOTHER'S MAIDEN N Made		chaffer
15. WAS DECEAS (Yes, no, or unknown)	EDEVER IN U. S ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 219-34-7960	HIFORMANT LOS	Address Precord	ls
PART	DEATH [Enter only one couse per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	ate Heart	deisen	INTERVAL BETWEEN ONSET AND DEATH
gove rise	i, if ony, which (b)				0
lying couse	t lost. (c)				
3 Por		ma-Pana	uas	-,	PERFORMED? YES P NO
OR CONTRIB	NT WAS UNDERLYING ☐ 206. D UTING ☐ CAUSE OF DEATH IOTIFY MEDICAL EXAMINER}	ESCRIBE HOW INJURY OCCURR	RED (Enter noture of injury in I	Port I or Port II of item 18)	
20c TIME OF	o. m. Wh		PLACE OF INJURY IHome, form octory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
21. I cert	fy that I attended the dece		. 6201	M, from the causes and a	at I last saw the deceased
ACTUAL SIGNATURE	2WM	lui	M.D. Ru	ADDRESS (Street, city or town, state)	Mal 3-19-5
PHYSICIAN'S	LWM	12/11 M.	D		
Burral (S	MATION, 226 DATE THEREOF 3/22/1958	Mt. Olivet	OR CREMATORY	22d. LOCATION (City, fown or cou Washington	D. C.
23. FUNERAL DIR Robert A	ector's signature 1. Pumphrey-755'	ADDRESS 7Wis. Ave. Beth		by registrar 24 registrar 2 4 58	'S SIGNATURE



BUREAU V. S.

Item 9, Film 9227, 4/7/50 CERTIFICATE OF DEATH Rea. Dist. No. Poge PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed o. COUNTY a. STATE b. COUNTY MARYLAND death. ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) 70 ANGVWING. Yalva WW.LC haurs after d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF **Eirst** Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Davi Hours Min DIVORCED [WIDOWED M 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) after 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicio remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ottending ANd 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 76 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate 2 **DUE TO** cotte (o), stoting the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 1957, ta_ 2 - 2 6 1956 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 5.30 A.M. fram the causes and an the date stated above. 80 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE should stror pr ā PHYSICIAN'S FUNERAL NAME (Type) Q. 22b. DATE THEREOF 220 BURIAL, CREMATION, 22d, LOGATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE VS A15 (4) DATE AFH 2 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3 1958 1958

A .V UASRUR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3738MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY please Page Pr. Geo. O. STATE **b** COUNTY Maryland Prince Georges Healt MARYLAND b. CITY OR TOWN I'll outs de cerporale limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seabrook Seabrook d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS e IS PESIDENCE retained for State Bo ON A FARM? 9335 Dubarry Avenue funeral Dubarry Avenue YES 🔲 NO 📮 3. NAME OF M ddla 4. DATE Month Yeor DECEASED OF (Type or print) ofter a DEATH Hermann 58 John Rathmann March pe P 5. SEX 6 COLOR OR RACE 7 MARR ED T NEVER MARRIED T 8 DATE OF BIRTH 9. AGE fin yours 0 IF UNDER TYPAPE IF UNDER 24 HRS Bay last birthday) Months Days Hours DIVORCED [83 Male white fter death.
1, 2, and
Poge 5 r puo 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12 CITIZEN OF WHAT COUNTRY? 72.1 Construction U.S.A. Retired carpenter Germany 24 hours afte Give Pages 1 h farm PM3. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address within ? WIT Margaret A. McClelland: same address as #2 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] er's Office alang byrial-transit perr NIST AND DEATH PART I. DEATH WAS CAUSED BY: Strangulation in Her IMMEDIATE CAUSE (0) **DUE TO** pencil Hanging Conditions, if ony, which writing the word "pending" in per d to the Chief Medical Examiner's (?: Page 3 should be used not gave rise to immediate couse DUE TO (a), slating the underlying couse lost. cremotion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 12. WAS AUTOPSY PERFORMED? 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) buriel, PRIMARY OF CONTRIBUTING Hanging 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month, Doy, Year 20f. (City or fawn) (County) (Slate) Hour KEN factory, street, office bldg., etc.) While 1958 of work of work Home Seabrook Pr. Geo. Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry X, and in my ote. opin on death resulted from: Natural causes . Accident . Suicide N. Homicide ... Undetermined manner MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER designate SIGNATURE -0 ASSISTANT MEDICAL EXAMINER should FUNER NAME (Type) John T. Maloney, M.D DEPUTY MEDICAL EXAMINER TO 12, 1958 March 220. BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) Burial (Specify) 3/15/58 Ft. Lincoln Colmar Manor Md. 0 Ave 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE VS. A15ME Francis Gasch's Sons Hyattsville, Maryland MARI

everance v. s.

DECENACIONES DE 1923

3695 **CERTIFICATE OF DEATH** Reg. Dist. No. 13706 ofter deoth. Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admiss an Prince Georges **b** COUNTY MARYLAND Maryland rine Georges b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Cheverly Hyattsville. d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS Pringe Georges Ceneral L216 Gallatin St. NAME OF Middle DECEASED (Type or print) Newbold DEATH Rose March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF SIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last_birthday) Months Days Male DIVORCED | White WIDOWED | Ch yes. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) D Clark Co Washington D. C. USA pug 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank J. Rose Unknown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes Mary J. Rose Hyattsville Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove tise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20d. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Hour o. m. Not while at work at work ., 19_____, and that death accurred at 7:50PMM, from the causes and on the date stated above. alive an ő ADDRESS (Street, city or town, state) PHYSICIAN'S George J. Hageage Cottage City, Md. FUNER C 22c. NAME OF CEMETERY OR CREMATORY Arlington National 220 BURIAL CREMATION, 226, DATE THEREOF 22d LOCATION (City, town, or county) REMOVAL (Specify) 3/10/58 Arlington Virginia Burial 9 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM

YES | NO [

PERFORMED? YES AND T

(Stote)

DATE | 1 0 '58

(Stole)

19 5

certificole be VS A15 (4) 15M 10/57



eact of AAM



ON A FARM?

58

(Stote)

DATE SIGNED

(State)

YES NO IX

19

S. A.

INTERVAL BETWEEN

UNSET AND DEATH

VS A15ME

BUREAU V. E.

BECEIAED TO

page 2 VS A15 (4) 15M 10/57

INTERVAL BETWEEN ONSET AND DEATH 12 hours PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO T (Stote) ______ 12that I last saw the deceased M, from the causes and an the date stated above. **DATE SIGNED** (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY 24b REGISTRAR'S SIGNATURE DATE 2

IS RESIDENCE

YES NO [

ON A FARM?

19 58



8361 C. AAM

BUREAU V. S.

		000	Keg. Dist. N	0.
5	1. 1	PLACE OF DEATH COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence be	
		TYTHEE. CHOOVE	TV CAMINETERS Prince ve	oroe
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If autobe corporate limits, write RURAL and give n	earest lawn)
		Riverdale, 142day	X De/W&A/Me/ Hyattsville	
		d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS 1802, Hamilton St.	. IS RESIDENCE ON A FARM?
		Leland Memorial Mospital	M/1991 MY \$1/19117/1494/181947977	YES NO B
	- 1	NAME OF DECEASED (Type or print) Anna Elizabeth Sch	A I OF A /	Say Year 3 1958
	5. 5	SEX . 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		R IF UNDER 24 HRS
	_	Female White widowed DIVORCED	1 3-12-1881 Hyn.	Hours Min.
•	10a	during most of working life even if retired)	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN	OF WHAT COUNTRY?
		Invalid		11J.H.
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
		tred lound	Onknown.	AL AL
		WAS DECEASED EVER IN U. S. ARYED FORCES? 16 SOCIAL SECURITY NO 17	7. INFORMANT Address 48	0 d-Namelle
Ψ	1	16 - none.	Mr. Louis & chmadebeck by	attrille m
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]		TERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Means	SHAND DEATH
		104.1 DUE TO		~
		Conditions, if ony, which } (b)		
		gave rise to immediate DUS TO		
		lying cause last.		
	Z		BUT NOT RELATED TO THE LESMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
	AŢĬ	Khuneatord 10	sthrills	PERFORMED?
	띪	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of item 18.)	100
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Haur a. m. While Not while	PLACE OF INJURY (Hame, form, 20f. (City or town) (County factory, street, office bldg., etc.)	(Stote)
	MEI	p. m. 19 at work at work		
		21. I certify that I attended the deceased from 2000	24 . 1957. to mar 23 , 1938, that I last	saw the deceased
		alive an Man 22 , 19 38, and that dec	ath accurred at <u>34</u> M, from the causes and an the d	
		Quan.	ADDRESS (Street, city or town, state)	DATE SIGNED
1		ACTUAL SIGNATURE WITH MINING	M.O. Muerdale, THO	3-23-58
		PHYSICIAN'S 1 M/ M= 7 in M	D	7.
		NAME (Type)	· La	
	- 1	BENDAL CREMATION, 226. DATE THEREOF 23 NAME OF CEMETER 25 NAME OF CEME	Y OR CHEMATORY 1 22d LOCATION (City, towns county)	(Stote)
		FUNERAL DIRECTOR'S SIGNATURE	240. REED BY REGISTRAN, 246, REGISTRAN'S SIGNATI	UNE
	1	1 1.1 Plankers & The	weight DATE MAR 2 7 '58 all acue	h
			The state of the s	

TO HOSPITAL 💷 INTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, ald be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DIFFATOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should et oched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

WELLAN

BUREAU V. S.

GOST SO HAM

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. al director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND 0 b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) 3 RURAL and give negrest fown) Glenn Dale 2 months rural Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Glenn Dale Hospital 1214 12th St. YES NO TY .5 NAME OF Middle Cost 4. DATE Day Year DECEASED Orman Ray (Type or print) Schoolev DEATH 58 19 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys Hours Male White WIDOWED [DIVORCED [YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY Metal Polisher Columbus, Ohio Ohio USA 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME Cora Allen Federoff William Franklin Schooley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address No 226-20-776 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 古 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pulmonary tuberculosis 002X DUE TO Ë any Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying cause tast. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? YES NO TH Pulmonary emphysema and cor pulmonale 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. [City or town] 20d. INJURY OCCURRED Day, Year (Stota) (County) factory, street, office bldg., etc.) Hour a. n. While Not while of work at work p. m. 1958_, to 3/22/ _____ 19_58 that I last saw the deceased 21. certify that Lattended the deceased fram. and that death accurred at 3:55PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Glenn Dale Hospital

22c. NAME OF CEMETERY OF CREMATORY

Glenn Dale, Md.

22d. LOCATION (City, town, or county)

246 REGISTRAR'S SIGNATURE

(Stote)

Virginia

TO HOSPITAL OR ATTENDING PHYSICIAN: The good by the retained by the hospital or ottending physical profublishment of the retained by the retained by the retained by the registrar prior to burief, cremation, or removement

PHYSICIAN'S

NAME (Type)

22a. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Moe Weiss, M. D.

22b. DATE THEREO!



BUREAU V. K.

	Jany "			MARYLA	ND \$	TATE D	EPARTME	NT OF HEALT	TH-BAL	.TIMORE,	18		
	ATE DEPT.			MED 3698	NCA	L EXA	MINER'S	CERTIFICA	TE OF	DEATH	Reg. D	ist. No	0371
\$ 0 4 (DER.J.		LACE OF DEATH COUNTY	ce George's	3		MARYLAND	2. USUAL RESIDENCE 0. STATE Distr	(Where decease ict of	Columbia	ution Reside	ence bei	ore odmission)
pled Files. Fleat	121	Е		ulside corporate imile write #c		c. LENGTH (OF STAY IN 16	c. CITY OR TOWN	Il outs de cors	orata limits, write	RURAL one	d give n	earest town)
of Jor		0	_			Dead o	n arriva	1. Washing	ton	East			
Ses	,	- G	NAME OF HOSPITA	L OR INSTITUTION (IF n	ol in hosp	pital, give stre	et address)	d STREET ADDRESS		. ———			IN IS PE IDEN' E
2000	. /		Prince Geo	rge's Genera	al Ho	spital		1310 Tr	inadad	Avenue			YES NO
delay e fune relain e State		3.	NAME OF DECEASED (Type or print)	Wilson			Aiddie	Seott	4. DATE OF DEATH	March	th	Doy 7	Yeor 19 58
ony be the		5, 5		6. COLOR OR RACE 7	MARRIE	D A NEVER	MARRIED TE	DATE OF BIRTH	J. DEATH	9 AGE (In years	TIEUNDER	TYFAR	IF UNDER 24 HR
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ge ge nd	\ # /	10a	. USUAL OCCUPATIO luring most of working	N (Give kind of work don life, even if relired)	10b. K	IND OF BUSIN	NESS OR INDUSTI	Y 11 BIRTHPLACE (Sto	le or foreign c	ountry)	12 CIT	IZEN O	F WHAT COUNTRY
12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Laborer		G€	neral	o' 10=	South Ca	rolina			U.	S. A.
AG. Ses		13.	FATHER S NAME					14 MOTHER'S MAIDEN	NAME				
Page Page			James So	ott				Mary ?					
rive form File		15	WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16 5	SOCIAL SECUE	EITY NO. 17 IN	FORMANT		Addres	1	-	
F F F 8			No				Mx	s Ruby Scot	t, sam	e as # 2			
E SE			18. CAUSE OF DEAT	H [Enter only and couse	per fine f	or (o), (b), on	d (c).]					INTE	VAL BETWEEN T AND DEATH
and the and			PART I, DEATH	H WAS CAUSED BY:	F	lemorrh	age and	shoek				ONSE	T AND DEATH
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는 하는 전도		CAL	20c. TIME OF INJUR	Month, Day, Year	20d. II	NJURY OCCU	RRED 20e PLAC	E OF INJURY (Home, for	m, 120f. (City	or fown)	(Cou	uniy)	(S1ote)
The Control of the Control	11.	MEDI	Hour XXXX			nk 📭 of work	6d	a ditch		pita Hei	Ų.		
AM Martin Pogn			21. I certify the	at I toak charge o	f the r	emo'ns de	scribed abov	re, held an Autop	sy 😿, Ir	spection 🕞	Inquir	у 📑	ond in my
en K			opinian death r	esulted fram: Na	itural c	auses .	Accident 5	, Suicide ,	Hamicide	. Undete	ermined r	ronne	er 🔲
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FRA desi	06		EXAMINER'S NAME (Type)	James I. Bo	vd		4	DEPUTY MEDICA	L EXAMINER	k Ma	rch 7	, 19	58
E GAN		220	BURIAL CREMATION	1. 276 DATE THEFEOF		27c NAME OF	F CEMETERY OR	CREMATORY	7 22d, 10CAT	ION (City, town,			(Stole)
0 0 4 0 0		3	REMOVAL (Specify)	3/18/5	8	Canin	er mo	morial /ai	k 30	urel			ma
pa pin	. 35	23.	FUNERAL DIRECTORS	SIGNATURE		ADDRESS			D BY REGIST	RAR 246 REGI	ISTRAR'S S C	≟ NATUR	E .
VS AF5ME 5M 2 57	B OC +		Donne	il le	und	0-116	Water	DATE DATE	AR 1 4 '58	3 000	1	7	
J(g. J/	.(1-33	1 6	- Dat	1-1-	12-	201 70	0.2	-		- car	th	
		*	John y.	recons		Car >	101 30	J.V.W.				,	

BUREAU V. E.

8381 P.I. AAM

BECEDAED

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
ر کے عدد		3699 CERTIFICATE OF DEATH	Reg. Dist. No. 03712
director,	1.	PLACE OF DEATH o. COUNTY PLACE OF DEATH o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. o. STATE	I. If institution: Residence before admission) b COUNTY
uneral Id be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LATER LA	mils, write RURAL and give nearest town)
and		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION A STREET ADDRESS OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\qq}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
n 28 har iiiled in jes 1 am		NAME OF DECEASED (Type or print) COBLE E SEARS JR 4. DATE OF DEATH	Month Day Year MAR 27 1958
od within		Male Wh. WIDOWED DIVORCED NOV 17,1957 1001	SE (In years IF UNDER 1 YEAR IF UNDER 24 HRS If birthdoy) Months Days Haurs Min
e ellecute ond com bon pape ir death,	L	during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA.
a e in in		COBLE E SEARS SR MAGDALENA	. HARTMAN.
anding physici ease remove thin 72-Hours		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT S. no. or unknown) (If yes, give wor or dates of service) NDNE MOTHER - SAME	Address
the death		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH '3 4 0415
requires that an. is signed by il sil permit. T and in ony eve		Conditions, if any, which gove rise to immediate costs (a), stating the under. Lying couse lost. DUE TO DUE TO Conditions, if any, which (b) UPPET SESPITATORY IN FECT. (c)	tion I week
The loan physicial physici	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONF	PERFORMED? YES NO NO
trending tificate the bu	AL CERTIFI	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of in CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II or Port II of injury in Port II or Port	
INTYSI tol or a this cer or use a rematio	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m. 19 While Not while of wark	wn) (County) (Stole)
e hospi c Affer ched fo urial, c		21. I certify that I attended the deceased from. 3/2/, 1958, to 3/27 alive an 3/24 1958, and that death accurred at 11 A M, from the	that I last saw the deceased causes and an the date stated above.
A by the story of		ACTUAL SIGNATURE ADDRESS (Street, ci SIGNATURE M.D. 402 MAIN 57	city or town, slate) DATE SIGNED
ITAL OF RAL DISTRICT DI		PHYSICIANIS NAME (Type)	
moy be O FUNE	22c	BURNAL CA SHOW 226 DATE THEREOF TO CHARGE OF CEMETERY OR CHEMATORY 22d. LOCATION (C. Sperify) 4/1/58 Ballemore / alional Ball	(City, town, or county)
VS A1S (4) 1SM 9/S5	23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS / LONG PAC DATE APR 1 '58	24b. REDISTRARS SIGNATURE
*		6306-Belair Rd, Ballemore - 6, md 2050.	223XV6

BUREAU V. S.

8261 I 99A

OBA PORT

8th St	EFORS
a. COUNTY D. CITY OR TOWN (If outside corporate limits, write D. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) A TUR, E d. NAME OF HOSPITAL (If not in hospital, give street address) C. STREET ADDRESS OR INSTITUTION C. STREET ADDRESS C. S	EFORS
RURAL and give nearest lown) ATUREL d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1. d. STREET ADDRESS. 8. d. st.	IS RESIDENCE ON A FARM? YES NO P
OR INSTITUTION 8th St	Year
3. NAME OF First Middle Lett J. DATE	
DECEASED (Type or print) ELIZABETH SHORTER DEATH MARCH 23	195
1 32 March Colorad Wildweb L. Ward & d. 1879 78 44	Hours Min.
House wife ma	WHAT COUNTRY,
William Shorter and Boston	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / HARRIES Nodress Participal or uninformal III year, give wor or defea of service) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / HARRIES Nodress Participal Partici	ulm
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSE	VAL BETWEEN T AND DEATH
DUE TO Conditions, if any, which (b) gove rise to immediate OUT TO	
couse (a), stating the under DUE 10	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) White Not white of work at	(Stole)
21. I certify that I attended the deceased from 195 that I last saw alive on 195 that I last saw alive on 195 that I last saw	
ADDRESS (Street, city or town, store) SIGNATURE SIGNATURE M.D. SALVALLE MANN MANN MANN MANN MANN MANN MANN MAN	DATE SIGNED
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county).	(Stote)
vs A15 (4) Ridgle Selly 401 Wash are Laura Pate MAR 2 6 '58 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE REMINERAL DIRECTOR'S SIGNATURE ADDRESS 249, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE REMINERAL DIRECTOR'S SIGNATURE REM	

HAPRIES

BUREAU V. S.

8261 98 AAM



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Poge o COUNTY **b** COUNTY MARYLAND Pr. Geo. Prince Georges b. CITY OR TOWN I'll outside corporate him is, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and pive negrest town) YOUR 1800 Drexel Street Cheverly 7 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RE DEN. F ON A FARM? retained delay is funeral Prince Georges General Hospital Hvattsville YES NO 0 3. NAME OF DATE Lost DECEASED (Type or print) 1958 Jack Thomas Simpson DEATH March 6 COLOR OR RACE 7 MARRIED NEVER MARRIED | B DATE OF BIRTH 9. AGE (In years FUNDER TYPART IF UNDER 24 HRS may Months Hours Min. WIDOWED | Male DIYORCED [offer de 72, o 770 ond 7 IO N 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Washington Post Washington, D.C. Fly man 24 hours afte Give Poges 1 h farm PM3. 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Anita L Stewart Thompson M. Simpson 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give was at doles of service) Item 18. Gi No Mrs. A.J.Staal; Edgewater, Maryland. buriol-transit perm 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEAT (PART I. DEATH WAS CAUSED BY: Fractured skull and crushed chest IMMEDIATE CAUSE (o) DHE TO Automobile accident. Conditions, if ony, which) gove rise to immediate couse Thief Medical Examiner should be used as a but DUE 70 (c), stoling the underlying couse fost. PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO P 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of in any in Part I or Part II of Item 18) 200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING Operator of an automobile in collision with a pole 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 1 20f. (Cily or fown) Month, Doy, Year (County) (Stote) factory, street, office bldg, etc.) White 8.00 of work of work Near Landover. Pr. Geo. Md. 21 I certify that I taok charge of the remains described above, held an Autopsy . Inspect an . Inquiry . and in my opinian death resulted fram: Natural causes . Accident 🛣 Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER TI March 14. 1958 270 BURIAL CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 70 BURIAL George Washington Mem Pk. PR GEORGES CO MD 18/58 FUNERAL DIPECTOR S SIGNATURE ADDRESS 240 REC'TE TEEGIETHING 246 REGISTRAR'S SIGNATUR 5732 Georgia Ave Washington, D.C.

EUREAU V. E.

OBALES (

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Macon Memorial Park

22d, LOCATION (City, tawn, or county)

240 REC'D BY REGISTRAR

DATEMAR 2 1

Macon, Georgia

246 REGISTRAR'S SIGNATURE

(Stote)

TO HOSPITAL May be relo may be relo TO FUNERAL Poge 3 show 19/21

270 BURIAL, CREMATION, 226, DATE THEREOF

20/58

BURIAL (Spec fy)

23. FUNERAL DIRECTOR'S SIGNATURE

E. T. RAU V. ?

8351 13 8AN





TUREAU V. S.

1-1->	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	374 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 13717
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
S & ± MA	" o COUNTY O RANGO CIOALGOS > MARYLAND O STATE LOGIC TEST ATO ROUNTY (1)
	b. CITY OR TOWN (If outside corporate lights finite BURAL (c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town)
100	tort washing tryund It asking it
00	d'NAME OF HOSRITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARWORD ON A FARW
toine formation state	3. NAME OF DECEASED A Tirst Middle A Last 4 DATE Month Day Year
the fire for the f	(Type or print) (for and foretaind dumin DEATH - 716. Cing (7 19.)
3 to site at	5. SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In your low bornhor) Months Days Hours Mn
and hour hour	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foseign country) 112 CITIZEN OF WHAT COUNTRY?
2. 2. and	(12 mc on. 21.5 Cienter of Verguere 11.5 G
The second	13 Nather's Maiden Name
Pog Pog	tacat dumany millie Hamelon
File	15. WAS DECEASED EVER IN U. 6. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 16 SOCIAL SECURITY NO 17 INFORMANT
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mus Konine My flermaners (stime po"
per	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c); PART I DEATH WAS CAUSED 8Y:
of the state of th	973 DUE TO
Official and a second a second and a second	Conditions if any, which) By (12 to (a) from mon one of the fire year 2-7
or re	gave rise to immediate cause (c), stating the underlying DUE TO
anim anim	couse lost. (c)
nding Exilia	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
in de use	YES NO (2) 200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW NULRY OCCURRED (Enter notice of injury in Port (or Fort II of Item 18)
word F Med by a strict.	CAUSE OF DEATH. Proposition of De house into Care halle hear
Chie the to the to the to the transfer of the	20c. TIME OF INJURY Manth, Day, Year 206. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 201 (City or lown) (County) (State) Hour sorm & -7 19 J Cot work of work o
the the rior	
2	21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	opinion death resulted fram: Natural causes— Accident , Suicide Thomicide , Undetermined manner
oled C	ACTUAL SIGNATURE TO DATE SIGNED A.D. CHIEF MEDICAL EXAMINER DATE SIGNED
the dibe	EXAMINER'S A HIPS TO BOULD DEPUTY MEDICAL EXAMINER TO TRAINER GO 1959
o da	226 RUPIAL EXEMATION. 226 DATE THEREOF 220 NAME OF LEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
0 0 4 0 0 0 0 4 0 0	Burial 3-12-58 delinates Path Com delinate Managini
S A15ME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
5M 2/57	W. W. Thambus w. Inc. 317-11-20 DATE.

Sec. 11 80.

FOR STATE
HEALTH DEPT.

In the color of Health Dept.

By the color of Health Dept.

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 374 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 113718

	PLACE OF DEATH			,	2	USUAL RESIDENCE	(Where decea	sed lived. If insti	ution Resident	ce before	odmissian)
		ince George		MARYL	AND	o. STATE Mary	land	b. COUN	Pr. G	009	
	b. CITY OR TOWN (I	oviside corporale im is, write	RURAL	c. LENGTH OF STAY IN	t lb	c. CITY OR TOWN	(If outside car	porote limits, writ	RURAL and g	ye near	ist town)
1		mer Manor		15 years	- -	< Colm	ar Man	or			
	d. NAME OF HOSPITA	AL OR INSTITUTION (f not in hos	pital, give street address)		d. STREET ADDRESS				e	IS RESID I E
	3406 40	th Avenue				3406	40th	Avenue		Y	ES NO 🗓
	3. NAME OF DECEASED	Fin	1	Middle		Lost	4. DATE	Mon	th	Day	Yeor
U	(Type or print)	Myrtle	Langi	ort	Swi	nnerton	DEATH	Marc	h 30)	19_58
	5. SEX	6. COLOR OR RACE	7 MARRI	D NEVER MARRIED	B DA	TE OF BIRTH		9. AGE In years	IF UNDER 1		UNDER 24 HES
	Female	white	WIDOWE	D DIVORCED	1 6-	6-1876		81 yrs	Months D	oyı He	ours Min.
	Too USUAL OCCUPATION	ON (Give kind of work of life, even if retired)	ione 10b. i	(IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	te or foreign	counfry)	12. CITIZI	EN OF W	HAT COUNTRY
) [None	g me, even in territory				New Yo	rk		U.	S.A.	
	13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
	John R	athe				Charlot	te No	tter			
	15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFO	RMANT		Addres	6		
	fiet was as aminanty	(ii yes fire out or court or			Frai	ncis Swin	nerton	; same a	ddress	25 #	2.
	18. CAUSE OF DEA	TH (Enter only one can	se per line	for (a), (b) and (c)]		-	*			INTERVAL	BETWEEN ND DEATH
	PART I, DEAT	H WAS CAUSED BY:		_Acute_cong	estin	me heart f	ailure			ONIT: AL	AD DEVIA
П	11112X	IMMEDIATE CAUSE (o)		_Worder cours	ريد و داد	0 11042 0 3	are a form of	-		-	
- 1	Conditions, If o	41.4.		Cardiovasc	12 7 8 22	manol dis	0000				
	gave fise to imme	diate couse	-	COSTATOASSC	CLAIL	I GHAT OTO	Cerace				Made IV NV
	(a), stoling the course last.										
- 1) (c)		ONTRIBUTING TO DEATH	BUI NOT	PELATED TO THE TER	MINIAL DISEAS	E CONDITION G	VEN IN PART	1(0) 10 3	WAS ALITOPSY
V	PART II, OTH	ien sionsnijeann com	31110113 20	STATE OF THE STATE	5011101	ALL THE TO THE PER	MINITEDISCH.	or combinion o	TEN NA LOKI	1 P	ERFORMED?
	D 200 EVIEDNAL CAL	ISE WAS 120	h necceia	E HOW INJURY OCCURR	ED (Enter		and from Boat M	1 of 32 10 t		AES	□ NO 🔄
-1	PRIMARY OF COL	NTRIBUTING []	D DEJCKIO	E HOW INJURY OCCUR	ro (rine)	morbite of inforty in the	OH FUL TOD H	or Hem 18)			
			Table	INJURY OCCURRED 320	DIACE C	S MINIDY IDAMA (-		b		-	454-4-3
- 1	20c. TIME OF INJUI		While	B Not while	factory,	street, office bldg., w	Rc.)	y or rown)	(Coun	tyj	(State)
\perp		19		ork of work							
	21. I certify !!	not I taok chorge	of the	remains described	abave,	held on Autop	osy 🔲. I	nspection K	, Inquiry		and in my
	opinion death	resulted fram: 1	Vatural i	causes 🔣, Accide	ent [],	Suicide [],	Hamicide	Undet	ermined m	anner	
	()	1/ 50	47	1						p.	ATE SIGNED
	ACTUAL SIGNATURE	shin J.	Ma	Lover		D. CHIEF MEDICAL	EXAMINER [•			
Л	EXAMINER'S			.1		ASSISTANT MEDI	ICAL EXAMINI	ER 🗍	March	30,	1958
	NAME (Type)	John T. Mal	Loney	M.D		DEPUTY MEDICA	L EXAMINER				
	220. BURIAL, CREMATIO REMOVAL (Specify)	N. 226 DATE THEREC	F	22c. NAME OF CEMETER	Y OR CRE	MATORY	27d. LOCA	TION (City, lown,	or county)		(State)
	Burial	4/2/58		Fort Linco	ln_C	emetery	Col	mar Mano	r. Md.	1_1_	
	23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24g RE	C'D BY REGIS	IRAR 266 REG	ISTRAR S SIGN		
	P'. Gas	sch's Sons	Hy	attsville,	Mary	land DATE	(6 A J "		11-10000		

TO DIPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any detay is n execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral a should be to graded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to FUNERAL (CATOR): Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State B or its designared agent, prior to buriol, cremation, or remayol, and is any event within 72-hours after death. VS. ALSME 5M 2/57



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03719

3704	Reg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
o. COUNTY Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (It duts de carparate limits, write RURAL und give natural found)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
Cheverly D.O.A.	Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d STREET ADDRESS
Prince Georges General Hospital	2009 Somerset Street
3. NAME OF First Middle	Lost 4. DATE Month Doy Yeor
(Type or print) Mary Tsabelle	Tear DEATH March 10 19 58
	8. DATE OF SIRTH 9 AGE (In years IF UNDER SYEAR IF UNDER 24 HRS
Female white WIDOWED TO DIVORCED	3-31-1872 lot 85 doyl yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None	England England
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME
George Hayhoe	Susanna Burdis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT Address Hyattsville
	abel Blair; 2108 Ravenswood Street., Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL DELWEEN
PART I. DEATH WAS CAUSED BY: A CITTLE CONGEST	ive heart failure
1442 × IMMEDIATE CAUSE (a) RCULE CONGESTI	DAM, CONTRACTOR A No control for some A.
Constitute Constitute and Constitute Constit	renal disease
gave rise to immediate cause	
(c), stating the underlying cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO 1
	(Enter nature of injury in Port I or Parl II of item 18.)
TOO. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH.	(
	ACE OF INIJEY (Home, form, 120f. (City or town) (County) (State)
Hour a.m. White Not white for	ctory, street, affice bldg., etc.}
21. 1 certify that I toak charge of the remains described ab	ove, held an Autopsy , Inspection A, Inquiry , and in my
opinion death resulted from: Natural causes , Accident	, Suicide, Homicide, Undetermined manner
ACTUAL COMMAND DOMA - COMMAND	CHIEF MEDICAL EXAMINER (7)
SIGNATURE FETTILO MARGINETY -	
EXAMINERS	ASSISTANT MEDICAL EXAMINER
1220. BURIAL, CREMATION 1226 DATE THEREOF 122. NAME OF CEMETERY O	DEPUTY MEDICAL EXAMINER March 10, 1958
REMOVAL (Specify)	
Burial 3/13/58 Rock Creek 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
25, TOTAL DIRECTOR STOCKING ST	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
B. Gasch's Sons Hyattsville, Md.	DATEMAR 1 3 '58 Cll educh

execute the certification of the designated or its designated 0 VS. ATSME 5M 2/57

d

DEPUTY MEDICAL EXAMINER: This certificate thould be executed within 24 hours after death. If any delay is a xecute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral should be interested to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by FUNERAL D. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 is ris designated agent, prior to burial, crematian, or removal, and in any event, within 72 hours after death.

T

EUREAU V. S.

· 8351 CT 84N

MARIES

funeral director.

by the haspitot ar attending physician.

After this certificate has been signed by the attending physician and completely filled in by landed far use as the burial-transil permit. Then please remave carban papers. Pages 1 and 2 fills burial, cremation, ar remaval, and in any event within 72 hours affer death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3642

CERTIFICATE OF DEATH

0	3	7	2	(

Ren. Dist. No.

-					was pist, etc.
1,	PLACE OF DEATH O. COUNTY	MARYLAND	o. STATE	nere deceased lived. If institution	· · · · · · · · · · · · · · · · · · ·
-	Prince Georges			land	Prince Georges
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Takoma Park	c. LENGTH OF STAY IN 16	a died	outside corporote limits, write RU 18 Park	RAL and give nearest town)
Г	A MAME OF HOSPITAL OF not in hospital mive street of	(ddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	or institution lilly Merwood Drive		1114 Merw	good Drive	YES NO X
3.	NAME OF DECEASED (Type or print) Jeannette	Amelia	Terry	4. DATE Month OF DEATH MATC	4.0
5.	SEX 6. COLOR OR RACE 7 MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female White WIDOWE	tipe -	May 2,1888	69 ym.	Months Days Hours Min
10	a. USUAL OCCUPAT ON (Give kind of work done 10b. I during most of working life, even if retired)	CIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Slote	or foreign country)	32. CITIZEN OF WHAT COUNTRY?
		Own Home	Washing	ton,D.C.	U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Charles N.Farr			izabeth Bake	r
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	NFORMANT	Addre	" 1114 Merwood 1
L	No	Re	bert Linwo	od Terry	Takoma Park Md
Г	18 CAUSE OF DEATH [Enter only one couse per lim	e for (a), (b), and (c)]	P		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	oronary	realusion		ONSET AND DEATH
	Harri DUE TO	12	/°		1 2
	Conditions, if ony, which) the KE	e creating-les	24/ chair	er he.	L terns
	gove rise to immediate	111-	1	1	,/
	tying couse lost.	Karle edi	& Klant Ch	1 25 2 1/2 .	1 /1 2-1
ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	(Enler nature of injury in I	Port I or Port II of item 18.)	The state of the s
Š	20c TIME OF INJURY Month, Day, Year 20d IN	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	. 20f. (City or town)	(County) (State)
MEDICAL	Hour o m. While of work	MAN WINIE	tory, street, office bldg , etc.	-1	
~	21. I certify that I attended the decease		1922 to 6	11.01. 73 19 42	that I lost saw the deceased
	alive an 1883 24 1, 194	. 4	1. 1. 1	1.4	nd an the date stated above.
		Cons.	/	ADDRESS (Street, city of town, s	
	SIGNATURE / 4 2 27	acre-	A.D	12 24 2 2 4 24	HA 7/23/38.
	PHYSICIAN'S TRILL PI	1743	alle with \$400 the large will also the late with the side with the side with		
Ι.	o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City: fown, or	county) (Stole)
1	burial 3/25/58	Cedar Hill		Prince Geor	ges Co. Md.
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	N W 240. REC'	D BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE
	The S H Himas Company	2001 31.42	CI AT E TO ATE	0.0	(and

TO BOTHING OR ATTENDING PHYSICEN: The for requires that the death certificate be executed within 24 hours ofter Teath: Page TO FUNERAL DIRE VS A15 (4) 15M 10/57

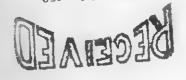


DD	3743 CERTIFICATE OF DEATH Reg. Dist. No.
President with the state of the	1. PLACE OF DEATH a. COUNTY D. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest Jown) 2. USUAL RESIDENCE (Where deceased lived, If institutions, Residence before admission) b. COUNTY D. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn)
pina pi	d NAME OF HOSPITAL [If not in hospital, give street address) d NAME OF HOSPITAL [If not in hospital, give street address) or institution Home or in Farm? YES NO
Pages 1 or	3. NAME OF DECEASED (Type ar print) John C/Fton Monds 4. DATE Month Day Year OF DEATH / A 3 19 58 5. SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 14 ARS.
nd complete on papers. death.	100 USUAL OCCUPATION (Give kild of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY of STATE OF STATE OF STATE OF WHAT COUNTRY of STATE
physician and move carbon haurs after de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address
attending p	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART I DEATH WAS CAUSE BY: IMMEDIATE CAUSE (c) Mya C And I a And I a PART I DEATH WAS CAUSE BY: IMMEDIATE CAUSE (c) Mya C And I a PART I DEATH WAS CAUSE BY: IMMEDIATE CAUSE (c)
ned by the permit. Then n any event	Conditions, if any, which gave rise to immediate course (o), starting the under DUE TO DUE TO Conditions, if any, which gave rise to immediate course (o), starting the under
ial-transit places and incoval, and in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH NO DEATH
ernnicare n as the bur ian, ar rem	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ZOC. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Aher mis o	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o m. 19 While of wark of wark of wark 19 19 While of wark 19 19 Hour of wark 19 19 19 19 19 19 19 19 19 19 19 19 19
detact	alive an Mary 1928, and that death occurred at 181M, from the causes and an the date stated above ADDRESS (Street, city or Igwn, state) DATE SIGNATURE ACTUAL SIGNATURE THE WAY OF THE SIGNET ACTUAL SIGNATURE THE SIGNATURE T
Grant of the control	PHYSICIAN'S NAME (Type) A. MISES - LANDAM, MAS 220 BURIAL CREMATION, 1226 DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, for county) (State)
0 8 E 0 15 (4) 9/55	Burial 3-27-58 Woodlawn Bonnings Rd. D. C 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR 24b REGISTRAR 55 SIGNATURE DATE MAR 2 6 '58 DATE MAR 2 6 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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t se	L	37.5 CERTIFICATE OF DEATH Reg. Dist	. No. 03722
director	1.	PLACE OF DEATH COUNTY COUNTY	before admission)
The second		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charles Luce Corporate limits, write RURAL and give nearest town) Charles Luce Corporate limits, write RURAL and give nearest town)	ve nearest town
The same of the sa		d. NAME OF HOSPITAL (IF not in Trospital, give street address) OR INSTITUTION Property of the desired of the street address of the s	e IS RESIDENCE ON A FARM? YES NO
filled in ges 1 ar		NAME OF DECEASED (Type or print) Bettlam Month Death March	16 195 d
ed with spletely ers. Po		Lengle White awidowed Divorced 4-11-1887 70 yrs. Months	YEAR IF UNDER 24 HRS Days Hours Min.
ond con bon pop or death.		during nost of working life, even if retired) 12. Citize TATHER'S NAME 14. MOTHER'S MAIDEN NAME	EN OF WHAT COUNTRY?
ohysicion move cort		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address .	
ding phy ase remo	{Y4	10. or unknown 1 [11 yes, give wor or dates of service] 578-12-3050 mildel U. Starling Lan	-es 20t
ine dea ne atten hen plec		PART I. DEATH WAS CAUSED BY DOCLEWAY of WT. DISC. Franch (Ut coronary array array DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ed by E		Conditions, if ony, which by arterioricerotic He or & Designal	20 45
requir	Z	LOGSE (a), stating the under- lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	Links was autorey
g physical properties of the second properties	FICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II of item 18.)	PERFORMED?
tificate of re b	CAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
training or of the or of the or	MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of	unity) (State)
he hosping R: Affer Inched fi		21. I certify that I attended the deceased from 100. 15, 1948, to 10, 1948, that I is alive on 12, 12, 12, and that death occurred at 7, 12, M, from the causes and on the	ist saw the deceased addestated above.
ed by 11		ACTUAL SIGNATURE Chronibi. Bosqueen M.D. 2101 ARVINDER K	DATE SIGNED
or retain Service Serv	<u>'</u>	PHYSICIAN'S IRVIN M. GRASKGREEN, M.D MT. RAINIER,	h.D
moy be o FUNER page 3 s the regis		BURIAL GREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF EREMATORY 22d. LOCATION (City, town, or coonly)	(Stote)
VS A15 (4) 15M 9/55	23.	seneral director signature address 31-123 240. REC'D BY REGISTRAR 246. REGISTRAR 36161 DATE MAD 1 158 OUT - Edu	√

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3796 CERTIFICATE OF DEATH

m	Disa	Al-	- ()	3	1	2
Rea.	Dist.	No.		4.5	E.	

1. PLACE OF DEATH COUNTY		MARYLAND	2 USUAL RESIDENCE (V		b. COUNTY	,
	nce George If outside corporate limits, write		Mary	The second secon		ce George
RURAL and give n	earest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate fil	mits, write RURAL and	give nearest town)
Lau		4 hours	4/ Laur	e1		
d, NAME OF HOSPI OR INSTITUTION	TAL (If not in hospito), give street	oddress}	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Laurel G	eneral Hosnital	Inc	1002 No	ntgomery S	Street	YES NOTE
3. NAME OF DECEASED	First	Middle	lost	4. DATE	Month	Doy Yeor
(Type or print)	Leonard		Timmons	OF DEATH	March	17 19 58
5 SEX		RIED WIEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UNDER	TYEAR IF UNDER 24 HRS
Male	L. L. LUDOU		7.1.51	,, lost	birthdoy} Months	Days Hours Min.
10g. USUAL OCCUPATION	ON (Give kind of work done 10b	744	STRY 11. BIRTHPLACE (SIO			TIZEN OF WHAT COUNTRY?
during most of wor	king life, even if retired)	100 - +-	- /	1 n	1 1	1150
13. FATHER'S NAME	chant fr	sung orace	14 MOTHER'S MAIDEN	x ma	upland	UJH
15, FAIRER JINAME	1 . [.]	V .	14 MOTHERS MAIDEN	NAME T		
yan		rand	unn	e des	nman	<u> </u>
(Yes, no or unknown)	R IN U. S ARMED FORCES? 16. (If yes, give wer or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT		Address	1 9
no		///	Un Ida	lemen	ran La	unel My
18. CAUSE OF DE	ATH [Enter only one couse per li	ne for (a), (b), and (c)]				INTERVAL BETWEEN
PART I. DE/	IMMEDIATE CAUSE (0) MY	ocardial infar	ction, acute	with vent	ricular	ONSET AND DEATH
4000		lbrillation	, ,			
Conditions, if a	inv which) AT	terioscleratic	heart diseas	an corrora		
gove rise to i	mmediate (near o Histar	sc, severe		
lying cause lost,	ine <u>under-</u>					
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	AIOT DELATED TO THE YEA	AM IAI DISSASS COL		
£	TER SIGNIFICART CONDITIONS	DINTERDING TO DEATH BUT	MOI KERVIED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN PAR	PERFORMED?
2	None					YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER}	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury is	n Part I or Port II of	item 18 }	
20c. TIME OF INJUI	,,		ACE OF INJURY (Home, for	rm, 20f (City or tov	nn) ((County) (State)
Hour a.m.	19 While	Not while to	ctory, street, affice bldg., e	(sc.)		
21. I certify th	nat I attended the deceas	ed from November				
alive on	March 17 12	58, and that death	occurred at 1:5!	OPM, from the	causes and on t	he date stated above.
).	1	/		ADDRESS (Ştreet, c		DATE SIGNED
ACTUAL SIGNATURE	LIVER III of	ikh	40 1526	York 1	Col	3-19-5
			01	11 00	7. 0	
	Jernon M. Smith,	м. п.	Lutt	is mills	199	
220. BURIAL, CREMATIC REMOVAL (Specify	DATE THEREOF	22c. NAME OF CEMETERY O	e Cremajory	22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR	SSIGNATURE	ADDRESS	MA PAO. RE	R 2 4 '58	246 REGISTRAR'S SIC	GNATURE
LUCE LANG	- Ayunauru	, a auru	/ CT/ KDATE		IN "- earl	

BUREAU V. S.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved. If institution, Residence before admission) e. COUNTY Health, Prince Georges STATE 6. COUNTY R.I. MARYLAND b. CITY OR TOWN I'll outs de corporate limits, « ite RURAL C. SENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and a ve negrest town) 2 days Cheverly Providence d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DONE E ON A FARM? Prince Georges General Hospital 158 Prairie Avenue elay is funerai store t death. YES NO NAME OF Aktolella Lost DATE Year Vassalian 28 (Type or print) Henry Mines DEATH March 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE (In years) IF UNDER TYEAR IF UNDER 24 HES Months Doys Hours Male 5-14- 1885 white WIDOWED IT DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Hotel Operator Self Armenia U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Hakm evre 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No. no. of unknown) link Anna Vassalian: same address as #2. 18 CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Pulmonary embolism, hemorrhage and shock IMMEDIATE CAUSE (0) 616X DUE TO Crushed chest Conditions, If ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T YES IS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Operator of an automobile in collision with another. 20d INJURY OCCURRED, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year (County) (State) factory, street office bldg., etc.) While Not while Hall Pr. Geo. of work of work Highway Md. 21.1 certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 🔣, Inquiry 🔼 and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE March 28. 1958 **EXAMINES** NAME (Type DEPUTY MEDICAL EXAMINER John T. Maloney. 220. BURIAL CREMATION, 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Cedar Grove Cemetery Flushing New York 40 Queens 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE F. Gasch's Sons VS. ATSME Hyattsville Maryland 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Red Dist No.

								Keg. Dist.	. No.	
a. COUNTY			ALABYI AL	2 USU	AL RESIDENCE (WI	here deceased I	ved If institution	an Residence	before adm	ission)
Prince			MARYLAI	Me	ryland		b. COUNTY	rince	George	3
b. CITY OR TOW RURAL and give	N (If outside corporate limite nearest town)	ls, write	c. LENGTH OF STAY IN		TY OR TOWN (If	•	e limits, write R	JRAL and giv	ve nearest for	wn)
Cheverl			15 hours	/5 Hy	attsvill	.0				
OR INSTITUTIO			oddress)	d. S	FREET ADDRESS				ON	A FARM?
Prince	George Gener	al		51	09 - 72n	nd Place			YES [NO X
NAME OF DECEASED (Type or print)	Fur Lo	usia	Middle	Vo	losi gel	4. DATE OF DEATH	Mon		Day 1/1	Yeor 19 5 8
SEX	6. COLOR OR RACE	7 MARS	HED NEVER MARRIED	7 8 DATE O		9.	AGE IIn years		YEAR IF UN	_
Female	White	WIDOWI			10-1877		last birthday) 81 yrs.	Months D	Days Hour	Min,
Housew.	ATION (Give kind of work of postupe life, even if relired	done 10b	KIND OF BUSINESS OR II	IDUSTRY 11	I OMS	or foreign coun	itry)	12. CITIZ	J.S.A	AT COUNTRY!
Sepast:	ian King			14. MC	Anna S		man			
. WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16.		7 INFORMAL Mrs E	lsie Ki	ng-510	9-72nd		Iyatt:	sville
332 X)	Cerebral .	artes	ingles	ries			100	resos
PART II.	OTHER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART I	PERF	ORMED?
OR CONTRIBUT	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	IRRED. (Enter r	oture of injury in	Part 1 or Part II	of item 18.)			
20c. TIME OF IN Hour a.	m.	While	Not while of work	PLACE OF IN factory, street	(JURY (Home, form t, affice bldg., etc	n, 20f (City or)	lown)	(Co	unty)	(State)
21. I certify	that I attended the	decease		/	956, to %	March	14. 19.5	That I la	ist saw the	e deceased
	Mis an A	mil	- Porme as	am dccurr			t, city or town,		- uaie 110	PATE SIGNED
ACTUAL SIGNATURE	-, ///			M.D	35030	erry 1	4.		3/1	4/58
PHYSICIAN'S NAME (Type)	Nonman	200	NAT Com	PALL	2010	Painis	mal			h-,
Zo. BURIA., CREMA		50	St Marie OF CEMETER	Y OR CREMA	ORY	Fair	r (City town, o	r county)	Jose	ote)
J. WM.	OR'S SIGNATURE LOU'S SI	دوع	300 HM	ST N.	E . DATE	D BY REGISTRA	24b. (EG)5	TRAP'S SIGN	NATURE!	

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIFFIOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shouls, detached for use as the buriab-transit permit. Then please, temove carbon papers. Pages 1 and the registrar prior to liurial, cremation, = ===aval, and in any =vent yithin 72 hours after death. VS A15 (4) 15M 10/57

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BUREAU V. E.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Loger 4

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03726

	3744 CERTIFIC	CATE OF DEATH	Reg. Dist. No.	119120
1	PLACE OF DEATH O. COUNTY PINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE of COURT	Y C	e o ha e
	b. CITY OR TOWN (If outside corporate limits, write RURAD and give nearest town)	c. CITY OR TOWN III outside corporate limits, write		lown)
	d NAME OF HOSP TAKIN not in hospital, give fireet address) 108 HASTITUTON BIBLER BOUNG Rd.	4104 Bladensburg	5) 0	RESIDENCE IN A FARM?
3	NAME OF DECEASED (Type or print) Elizabeth E	We therbee BEATH	Mar. 21,	Year 19 5 8
	TEHALE White WIDOWED DIVORCED D	FEB 24, 1890 68 4	Months Days Ha	
	a. USUAL OCCUPAT ON (Give land of work done during most of working life, even if refired) U.S. GOUT,	PHILA. PA	U.S.	HAT COUNTRY?
	JOHN J. WILHELM	ELIZASITH MEME	NOMAY	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	= : v1 - 11 11 \n/- 11 1	ee, 4104 Bl	adans how
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Sigmoid Coloti	INTERVA ONSEL	L BETWEEN K
	Conditions, if any, which gave rise to immediate DUE TO			
N.	couse (o), stating the under- lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION (GIVEN IN PAST I(a) 19 W	VAS AUTOPSY
CEPTIEICATION		RED. (Enter nature of injury in Part I or Part II of item 18)	PE	RFORMED?
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICA		PLACE OF INJURY (Home, farm, 20f (City or town) factory, street, office bldg., efc.)	(County)	(State)
	21. I certify that I attended the deceased from SGF 1/3 alive an March 2 195 2, and that dear	1957, to 1/4+04 21, 195 th accurred at 5 120 M, from the causes	C,that I last saw to and an the date st	
	ACTUAL Charles C. Hageage	M.D. 3.308 Terry . Tr., Mf	ROIMIRM, M.	DATE SIGNED
	PHYSICIAN'S Charles C. Hageage	- 3308 Penry St	Mt. RAIN	ier, Md
	O. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY BURIAL Specify 3/25/58 FORT	WINCOLN BLADEN	ISBURG.	(Stole)
23	VW. Chamber Co. Wark.		GISTRAR'S SIGNATURE	

DE VIESTIG

VS A15 (4) 15M 9/55

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		37	45	CERT	IFIC.	ATE OF DEATH			Reg. D	ist, No.	11372
	PLACE OF DEATH	ince George	9	MAR	YLAND	2. USUAL RESIDENCE (Whe	era deceased	l lived. If in b. COI	stitution: Reside UNITY	nce before	odmission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH				c. LENGTH OF STAT	IN Th	c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town)					
	Glenn Dale (RURAL) 40 days					Washington 47x-3					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS					IS RESIDENCE ON A FARM?	
	Glenn Dale Hospital					38 - Eye St., N.E.					YES NO
-	NAME OF DECEASED (Type or print)	Fid. W1	ı lliam	Middle	ŧ.	Whittington	4. DATE		Month March	Doy 19	Yeor 1958
5.	SEX	6. COLOR OR RACE		ED DO NEVER MARR	IFD 🗇	B. DATE OF BIRTH		9. AGE fin s	ears IF UNDE	/	F UNDER 24 HRS.
	Male	Negro	WIDOWE	parated Divorci		10/8/91		does bieth	loy) Months	Days	Hours Min.
100	. USUAL OCCUPATI	ION (Give kind of work	done 10b.			STRY 11. BIRTHPLACE (State o	or fareian co	ountry)		TIZEN OF	WHAT COUNTRY
	Lahore	rking lite, even it relired)			Washington				S.A.	
13.	FATHER'S NAME	-				14. MOTHER'S MAIDEN NA		/ 0	0	·D·R·	
	Taman I	March de de de company									
15		Mittington ER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	117 0	Martha Car	rter				
(10	. no. or unknown)	(If yes, give wor or dates of s	ervice)			NFORMANI -			Address		
_	Yes			<u>578-12-091</u>		Decedent					
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] death							INTERVAL BETWEEN			
	MMEDIATE CAUSE (a) Post-operative following								AND DEATH		
	160.1	C. C.				/					· · · · · · · · · · · · · · · · · · ·
	Conditions, if any, which) Right pneumonectomy						12	12 days			
	gove rise to immediate							12 days			
	lying cause lost. Due to Bronchogenic carcinoma							9	9 months		
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY										
ATIC	7					TO THE TENTH	THE BYOKHOL	CONDINO	1 OIVER IIV FA		PERFORMED?
IFIC	YES NO []										
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
_	20c. TIME OF INJU		- 204 IN	IJURY OCCURRED	20- 81	ACE OF INDUMY AL F	Loor con-				
MEDICAL	Hour o. It.	19	White	Not while	for	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City	or lown)	((County)	(Stote)
×	p. m.			af work			1				
	21. I certify that I attended the deceased from February 7 , 19 58, to March 19 , 19 58, that I last saw the deceased										
	alive on Ma		. 12	58, and that	death	occurred at 9:25A	M. fram	the caus	es and on I	he date	stated above
		11.	1					eet, city or t		4610	DATE SIGNED
	ACTUAL SIGNATURE	MIH	INP	111-		M.D. Glenn Dale	Hogni	tal G	enn Da	le Md	3/10/5
		1				W.D. TEACHIE INSTE	Trisalis	TATE OF	reini pa.	76° 100	21.471.7
	PHYSICIAN'S NAME (Type)	Moe Weis	38								500
220	BURIAL CREMATIC			22c. NAME OF CEM	ETERY A	P CDEMATORY	24 1001	ON IC's A			
<	REMOVA (Specify	3-21-	58	and the contract of the contra	LIENI O	A CREMATURY	ZZG. COCAT	MAIN	wn, or county)	m	(3) Dist
23	FUNERAL DIRECTOR	r's signature ho	17) 3	ADDRESS			V	4 60 101	vary 1		, -
1	W D	The state of the s	100	7		.1 1	BY REGISTR		REGISTRAR'S SI	GNATURE	1
1	1. 6	AMINA	12	1432-4	ara	17 h M DATE	MAR 2 6	20	100-1-1	ALLE	in

MANYIAND STATE DEPARTMENT OF RESIDENCE

BUREAU V. E.

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8361 SS 861



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3709 **CERTIFICATE OF DEATH** directa 1. PLACE OF DEATH Prince George filed MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lown) P Cheverly days Navlor d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Prince George General Hospital 9 0 5 6 NAME OF DECEASED 4. DATE Lost Filled completely filler (Type or print) Henry Windsor DEATH 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH Oct.4, 1899 Male White WIDOWED [DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Own Farm Tobacco Farming Marvland puo Ö 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 퓽 William Windsor Mary Canter IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes to or unknown Albert Windsor 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] atten PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 5 permit. any Conditions, if ony, which te has been signed burial-transit permi gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince George c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest lown) e. IS RESIDENCE ON A FARM? YES IN NO Month Day Yeor 19 58 March IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months Days Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? U. S. Address Naylor, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of ilem 18.) 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not while of work O ol work 1928 that I last saw the deceased 21. I certify that I attended the deceased from, and that death occurred at 11:25p.M, fram the causes and an the date stated above. ADDRESS (Street, city or Jown, State) Sasscer 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) Peter's Cemeterv Waldor Maryland **ADDRESS** 240. REGISTRAR 46 REGISTRAR'S SIGNATURE Upper Marlboro, Md. DATE

death. Rage after haurs by the TTOR: retained (AL DI should trar prior 80 FUNERAL D registrar page the res 01 VS A15 (4) 15M 10/57

20c. TIME OF INJURY

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Ritchie

220. BURIAL CREMATION.

REMOVAL (Specify) Burla.

23. FUNERAL DIRECTOR'S SIGNATURE

Month,

Robert

Bros.

